



Susquehanna
TOWNSHIP

AARP SAFE DRIVING 2020 Participant Registration Form

June 2020 Fees:

AARP Member: \$15 +\$5 *facility fee

Non-AARP Member: \$20 +\$5 *facility fee

***Facility fee payable to Susquehanna Township prior to course
(check, cash, credit/debit)**

Course fee: payable on day of class: (check or cash only)

PLEASE COMPLETE ONE FORM PER PARTICIPANT

PARTICIPANT INFORMATION:

Participant Name: _____ DOB: ____/____/____
Last First MM DD YYYY

Address: _____
Street City State Zip

Home Phone:(if applicable) _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT (During class time):

Phone # _____ Ask for: _____

Susquehanna Township
Resident

Yes No

PROGRAM INFORMATION:

Name of Program: _____ Full Course Refresher

Date(s): _____ Time: _____

Location: _____

Facility Fee Method of Payment: Cash Check # _____ Charge/Debit

Date of Payment (facility fee): _____

*Remainder of payment due on class date – pay directly to instructor.

ST Staff Initial: _____
Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about us? Website Flyer Word of Mouth Other: _____

What other programs might you and your family be interested in? _____

PLEASE SIGN THE WAIVER AND ASSUMPTION OF RISK ON THE BACK

WAIVER AND ASSUMPTION OF RISK

In consideration of the Participant, _____'s involvement and participation in Susquehanna Township ("Township") recreation programs, activities, and/or events, (collectively "**Program(s)**"), and/or the use of Township Facilities, and intending to be legally bound, the undersigned (or Parent or Guardian of the Participant if Participant is a minor):

1. Agree that, prior to participating in a Program or using a Facility, they each will inspect the Facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach, supervisor, Township official, or other person administering the Programs of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, injury to personal property, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, but inactions or negligence of others, the rules of play, the nature of the Programs, or the condition of the Facilities, premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such personal injury, injury to personal property, permanent disability or death.
4. In consideration of my participation in the Programs and use of the Facilities, I agree on behalf of myself and my heirs, executors, personal representatives and anyone else acting on my behalf to Voluntarily remise, release, indemnify, covenant not to sue, and forever discharge the Township, and its Board of Commissioners, successors, assignors, trustees, officers, employees, contractors, volunteers and/or agents from any and all injuries, losses or damages of any kind whatsoever suffered by me as a result of my voluntary use of the Facilities and participation in the Programs, including personal injury or personal property damage I might sustain during practice, other workouts, or contests associated with the Programs and/or use of the Facilities, whether supervised or on my own, and whether attributable to negligence, gross negligence, or recklessness on the part of such persons or entities.
5. I hereby certify that I am in good physical condition and that a licensed physician has verified that my physical condition is at a sufficient level to enable me to participate in the Programs and/or use the Facilities safely. I agree to follow all instructions, rules and regulations of the Township Department of Parks and Recreation regarding participation in the Programs and/or use of the Facilities while engaged in recreation and leisure activities.
6. **Township staff may occasionally take photos and/or video of participants enrolled in the Programs, classes and special events. These photos and video clips may be used in the Townships newsletter, website, social media and/or future print and video productions. If you do not wish to have your photo taken, please tell our photographers.**

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND ASSUMPTION OF RISK, AND UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

(Signatures of Participant or Parent/Guardian of Participant)

(Signatures of Participant or Parent/Guardian of Participant)

Name (Please Print)

Date

Name (Please Print)

Date