PROGRAM REGISTRATION FORM

Name: ___________________________  Penn ID Number: ___________________________

Phone: ___________________________  Email: ___________________________

University Status: ___________________________

Client Status (circle one):  new client  repeat client

What program or class are you enrolling in?

☐ Instructional Course (list course name): ___________________________

☐ Outdoor Adventure (list trip name): ___________________________

☐ Indoor Climbing Wall (list course name): ___________________________

☐ Personal Training (list # of sessions): ___________________________
   O  30 Minute  O  60 Minute  Amt. Paid: ___________________________

☐ Private Pilates (list # of lessons): ___________________________

☐ Private Golf (list # of lessons): ___________________________

☐ Certification, Workshop, or Special Event (list the name): ___________________________

If applicable, what instructor are you working with?

AGREEMENT & RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Trustees of the University of Pennsylvania and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Trustees of the University of Pennsylvania and its officers, agents, employees, representatives, executives, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Department of Recreation or the use of any equipment at the University of Pennsylvania. (Initial here: ___________)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment are a potentially hazardous activity. I also understand that these activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Initial here: ___________)

3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and program of the Trustees of the University of Pennsylvania or use of equipment except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physicians as to physical activity, exercise, and equipment use. I acknowledge that I have either had a physical examination and have been given physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities. (Initial here: ___________)

Signature: ___________________________  Date: ___________________________

STAFF INITIALS: ___________