

To register, please complete this form and submit by the registration deadline; choose one of the following:

- 1.) Bring the completed form with your payment to UDCR Main Office or Welcome Desk located in UDCR RecPlex.
- 2.) Fax this form to (937) 229-2703. A UDCR representative will call you for your credit card payment information.

Upon successful completion of the course, participants will receive an American Red Cross First Aid certificate and a CPR/AED for Professional Rescuers certificate valid for two years.

### Participant Information

_____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	_____		_____
PARTICIPANT'S NAME		DATE OF BIRTH: mm/dd/yyyy    AGE			
_____		_____	_____		
NAME OF PARENT/GUARDIAN (if under 18)		DAY PHONE	EVENING PHONE		
_____	_____	_____	_____	_____	
STREET ADDRESS	CITY	STATE	ZIP	E-MAIL	
How did you find out about our courses? <input type="checkbox"/> Flyer <input type="checkbox"/> Email <input type="checkbox"/> Friend <input type="checkbox"/> Web Search    _____					
Other _____					

### Select Course:

<p>All Participants must be 15 years or older by the completion of the course to register. Participants must be present for the entirety of the course. No refund is given to participants that do not successfully pass the course.</p>	<p><i>Rate is determined by Parent/Guardian's UDCR Membership status:</i></p>
<input type="checkbox"/> Saturday, February 7, 2015 10:00am-6:00pm <input type="checkbox"/> Sunday, March 29, 2015 10:00am-6:00pm	<input type="checkbox"/> UDCR Member: \$70 <input type="checkbox"/> Non-member: \$90

<b>Total Due</b> _____	<b>Payment Method (check one)</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover
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### Participation Agreement

I recognize and acknowledge that use of UD Campus Recreation facilities, equipment, and programs entails certain inherent risks that could result in physical or emotional injury. I voluntarily and freely assume all risk of accident, injury, illness, or damage to or loss of property which I may sustain as a result of participating in any and all activities associated with UD Campus Recreation.

I hereby declare that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of UD Campus Recreation. Furthermore, I certify that I have adequate health insurance to cover any injury or damage that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to myself.

I the undersigned do hereby release, hold harmless, indemnify, waive and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages I may suffer or sustain from my participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton officials and Board of Trustees of University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above statements.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

