

LIFETIME ACTIVITIES REGISTRATION FORM

Before beginning any type of exercise program, please contact your physician.

Please read carefully the General Information below before completing this form. This page lists information regarding registration, refunds, and liability.

- Participants **will not receive class confirmation**, but may call the office at 304-293-0859 to verify enrollment.
- Refunds will not be made unless classes are cancelled due to insufficient enrollment.
- We no longer Pro-rate or issue discounts for any classes.
- Because some classes have enrollment limits, admission is on a first-come basis.
- **Please use a separate registration form for each class and each participant.**

Consent and General Release Form

Photo Release:

Do you give Lifetime Activities and the College of Physical Activity and Sport Sciences permission to photograph and/or videotape your child for educational/promotional purposes, including the posting of any such photograph and or videotape on electronic resources such as the internet (<http://cpass.wvu.edu/lap>). Yes No

General Release:

I agree to allow my child to participate in Lifetime Activities Program classes, and affirm that such participation is completely voluntary. In consideration for the privilege of my child's participation in programs, I hereby agree to the following clauses:

1. I understand that there are risks inherent in the activities my child/I will engage in. A non-exhaustive list of particular risks includes: cardiovascular stress, sprains, abrasions, dislocations, fractures, concussions, contusions, blisters, and reckless conduct of other WVU Lifetime Activities participants. I also understand that, despite safety precautions, Lifetime Activities cannot guarantee that I/my child will not be injured.
2. With the intention of binding myself and my child, and our respective heirs, assigns, and legal representatives, I hereby WAIVE and RELEASE any and all rights and claims for damages which I or my child may have against Lifetime Activities Program, the College of Physical Activity and Sport Sciences, and West Virginia University, and their respective employees and representatives for any and all injuries suffered by me/my child while participating in classes, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

I have read and do understand the policies and procedures of the Lifetime Activities Rules & Regulations portion of this form.

Signature: _____, Date: _____

Please complete the following participant and class information below. **(Please Print)**

Participant Name: _____ Age: _____ Birth date: __/__/__ Gender: _____

If Child is Participant, Parent(s) or Legal Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____)____-____ Work/Cell Phone: (____)____-____ Email: _____

Name of Class: _____ Session: 1 2 Day(s): Sun M T W TH F Sat Time: __:__ am/pm

- Make Check or Money Order Payable to: **West Virginia University.**
- Mail Check and Registration form to: **Lifetime Activities Program, PO Box 6116, Morgantown, WV 26506-6116**
- Or bring this form and payment to CPASS, WVU Health and Wellness Bldg, 375 Birch St., Room 281, Evansdale Campus. Credit cards we accept in person: ___ Visa ___ Discover ___ Master Card

Method of Payment enclosed: ___ Cash ___ Check Fee: \$_____/person, Total enclosed: \$_____