

# CSN SPORTS CENTER

## Registration Form

Please print and fill out completely. Registration cannot be processed unless ALL required information is provided.

Fall 2007 \_\_\_ Spring 2008 \_\_\_ Summer 2008 \_\_\_

New Registration \_\_\_ Renewal \_\_\_ Intramural Sports \_\_\_

Name

\_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary telephone ( ) \_\_\_\_\_

Secondary telephone ( ) \_\_\_\_\_

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email address \_\_\_\_\_

I would like to receive CSN Sports Center e-mail updates:

Yes \_\_\_ No \_\_\_

Please check your College of Southern Nevada Affiliation:

Student \_\_\_ Faculty \_\_\_ Staff \_\_\_

How did you hear about our program?

Colleague \_\_\_ CSN Website \_\_\_ Email Message \_\_\_

Brochure \_\_\_ Other \_\_\_\_\_

Please check any intramural sports you are interested in:

Volleyball \_\_\_

Flag Football \_\_\_

Basketball \_\_\_

Dodgeball \_\_\_

Raquetball \_\_\_

Other \_\_\_\_\_

College of Southern Nevada

CSN Sports Center

*Release in Full*

I, (print name) \_\_\_\_\_, hereby chose to use the CSN Sports Center and to participate in exercise, the activities and programs offered at and by the Facilities, including, but not limited to, recreational sports, screening evaluations, fitness and/or lifestyle enhancement programs, and exercise activities and programs (hereinafter the "Activities"). In consideration of being permitted to participate in the Activities, I DO HEREBY COVENANT NOT TO SUE, and RELEASE, WAIVE, and DISCHARGE the Board of Regents of the Nevada System of Higher Education ("Board"), its officers, employees, and agents from liability from any and all claims, of whatever kind or nature, resulting in personal injury, accidents or illness (including death), and property loss arising, in whole or in part, from my participation in activities at the facilities.

I expressly understand and agree that the use of the Facilities and participation in the activities shall be undertaken at my own risk, and that I represent that I am physically able to undertake any and all Activities provided. I acknowledge that I should consult a physician prior to participating in the Activities. I recognize that my participation in the Activities may result in health risks, and I willfully assume those risks. I further understand that if I experience any pain, discomfort, fatigue or any other symptoms, that it is my responsibility to discontinue my participation in the Activities and to consult a physician.

I understand that the Activities offered by the Facilities are conducted by personnel that may not be licensed, certified, or registered instructors or professionals, and that any statement made by personnel shall not be relied upon by me as medical advice, counseling or instruction. I understand it is further agreed that all exercise including the use of weights, or any and all other machinery, equipment and apparatus designed for exercising, shall be at my own risk and I alone am responsible for the choices I make in how to exercise.

This Release shall be legally binding on me, my estate, heirs, assigns, legal guardians and personal representatives.

In signing this Release, I represent that I am eighteen (18) years of age or older, and that I have carefully read and fully understand the foregoing provisions.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Participant's Name (Print)

\_\_\_\_\_

Witness

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by \_\_\_\_\_

Orientation completed by \_\_\_\_\_

Date \_\_\_\_\_

### FOR INTRAMURAL SPORTS USE ONLY

Received policies and procedures: \_\_\_\_\_

Rules and Regulations \_\_\_\_\_

Registration paid Y: \_\_\_ N: \_\_\_

Date \_\_\_\_\_