

MILILANI TOWN ASSOCIATION
Recreation Programs, Classes and Activities
Registration/Emergency Information Form

Please Print Legibly

For MTA Staff use only: BUR# _____ HH ID# _____ MTA ID Card # _____ Exp Date: _____ By: _____
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Name of Participant: _____
Last First M.I.

PARENT(S)/GUARDIAN CONTACT INFORMATION FOR MINORS

Minor's Birthdate: ____/____/____ Age: _____ Check: Male Female
Adult's Name: _____ Parent(s) Guardian

MTA Property Address: _____
City State Zip Code

Mailing Address: _____
(If different from above) City State Zip Code

Home Phone# : _____ Email address: _____

(F) Bus. Ph.#: _____ Cell. Ph#: _____

(M) Bus. Ph.# _____ Cell. Ph# _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship: _____ Contact # _____

2. Name: _____ Relationship: _____ Contact # _____

Physician: _____ Clinic/Hospital: _____ Phone #: _____

List any limitations or conditions, please indicate in detail: _____

FEES: Fees must be paid at time of registration. MTA reserves the right to cancel programs due to unforeseen circumstances or insufficient enrollment. Prior registrants will be notified of canceled programs and all fees will be refunded.

CANCELLATION POLICY: A \$25.00 fee will be applied for all cancellations. There will be "NO REFUND" issued for cancellations received 7 days prior to the scheduled class start date. Refund(s) for unforeseen and medical reasons will be reviewed on a case-by-case basis. A Doctors note confirming the need to cancel for medical reasons will be required. A service fee of \$20.00 will be charged for all returned checks.

EMERGENCY POLICY: In case of an emergency, I hereby give permission to MTA staff to send me to a medical facility designated by the EMT/Paramedics.

Print Member's Name

Signature

Date

**WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR
PARTICIPATION OF **ADULT** IN RECREATION PROGRAM
MILILANI TOWN ASSOCIATION (“MTA”)**

THIS IS A WAIVER AND RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT.
PLEASE READ THOROUGHLY BEFORE SIGNING.

In consideration of the undersigned being allowed to participate in _____
_____ (“Program”), the undersigned states
and agrees:

1. I have read and agree to comply with (1) all MTA Rules now in effect; and (2) any and all rules and regulations adopted in the future.
2. I shall be solely responsible for ensuring that I abide by the MTA Rules and this Waiver and Release of Liability Agreement.
3. I acknowledge that the Program may be dangerous; that injuries could result from accidents, negligence or carelessness, or intentional acts of myself or others; and I knowingly accept and assume all known and unknown risks in participating in the Program provided by MTA and/or either on or off MTA property.
4. To the best of my knowledge, my physical condition is adequate to allow safe participation in the Program, including the Program on and off MTA property. No physician has advised me against participating in the Program.
5. I hereby waive and release MTA from any injuries, damages, or expenses that might arise directly or indirectly during participation in the Program.
6. For good and valuable consideration, I agree to defend, indemnify and hold harmless MTA, its Board of Directors, members, directors, officers, agents, employees and assigns (collectively “MTA Representatives”) from all current and future, foreseen and unforeseen actions, expenses, judgments, damages or claims of any kind, including attorney’s fees, that may arise from or in connection with participating in the Program or usage of MTA’s facilities and equipment, including personal injuries, by or to me.
7. This WAIVER AND RELEASE OF LIABILITY AGREEMENT is executed without reliance upon any promise, inducement, statement or representation by the MTA Representatives or their attorneys.
8. This release shall bind me, and my heirs, successors or assigns.

I acknowledge that I have been afforded the opportunity to consult with legal counsel regarding the terms and conditions of this Agreement. I acknowledge that I have read the entire Agreement, that the terms of the Agreement are clear to me and there are no other understandings or agreements other than as set out above, and that I voluntarily consent to all of the Agreement’s terms and provisions.

READ THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT CAREFULLY,
ASK ANY QUESTIONS BEFORE SIGNING, AND RETAIN A COPY. YOUR SIGNATURE
ACKNOWLEDGES THAT YOU FULLY UNDERSTAND THE TERMS OF THE AGREEMENT,
BELIEVE IT IS FAIR AND REASONABLE, AND AGREE TO ITS TERMS. YOU
ACKNOWLEDGE REVIEW AND APPROVAL OF THIS RELEASE ON _____, _____.

Signature: _____

Print Name: _____