



Certification Course Registration Form



Forms, along with payment, can be mailed to: UMF FRC | 152 Quebec St. | Farmington, ME 04938

Participants Name: _____

Date of Birth: _____

E-mail is our primary source of contact for course notifications.

Primary Phone # _____

Participants E-Mail: _____

Primary Person/Company Name taking responsibility for payment: _____

E-mail (if different then above): _____

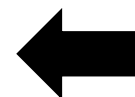
Billing Mailing Address: _____
Street City/Town State Zip

Course Name	Course Dates	Start Time	Fee* required to register

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Turn Over to Sign Assumption of Risk Form can be signed by participants at the start of the course



For Front Desk Use Only

Date: _____ Time: _____ Staff Initials confirming signature on back: _____

Amount Paid (100% due at registration): _____

I have voluntarily agreed to participate in the learn to swim program at the University of Maine at Farmington (UMF), and in consideration of the voluntary nature of such participation, I hereby acknowledge, declare, and agree as follows:

1. That I have voluntarily agreed to participate in the UMF FRC American Red Cross certification course and do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives, and my estate.
2. That I have been fully informed (see below) of the nature, scope and demands of participation in this program, and I understand that such activities may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.
Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:
 - o all manner of injury resulting from falling and impacting the floor, ground, wall, climbing surfaces, equipment, and projections, whether permanently or temporarily in place
 - o injuries resulting from activities within the facilities used in recreation program delivery or outdoor fields or locations
 - o failure of sports equipment, sports surface, pool or other structure
 - o injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocations, joint swelling, muscle aches, and fractures.
 - o harm and injury, including death, shortness of breath, and lightheadedness, resulting from increased heart rate, increased blood pressure, and strenuous physical activity.
3. That I shall comply fully with the rules/regulations and directions provided by the staff of the UMF Fitness & Recreation Center. Further, I understand that I will be disqualified from the activity and/or facility in the event that I fail to comply with said rules.
4. That I am able physically to withstand and cope with the disclosed rigors of recreation center activities with or without a reasonable accommodation. If an accommodation is needed, I will contact a member of the Fitness & Recreation Center staff.
5. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment, supplies and machinery in my activities.
6. That the University of Maine System and related campus recreation program (hereinafter referred to as the "University") have informed me that there may be dangers and hazards inherent to participants in activities because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in recreation center activities and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in recreation center activities, **INCLUDING AS A DIRECT RESULT OF ANY NEGLIGENT ACT OF THE UNIVERSITY, ITS TRUSTEES, FACULTY, EMPLOYEES, VOLUNTEERS OR AGENTS.**
7. That this "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

Assented and agreed to on _____.
(today's date)

Signature of Participant: _____

I, _____, the parent or legal guardian of _____, consent to my child participating in the Program and agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program. Parent or Guardian

Signature of Parent or Guardian: _____