



M-NASR COMMUNITY LEISURE EDUCATION: SENSORY CONNECTIONS REGISTRATION FORM

Participant's name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Guardian/staff who is accompanying participant name: _____ Birthdate: _____

Phone: _____ Email: _____

REQUESTED SESSION DATE/TIME: _____

Fees per session:
Resident \$6, Non-resident: \$12

Method of payment: _____

To be completed by M-NASR staff:
Program number: _____
Registration approval: _____

**** Please note, session dates/times are not guaranteed and are based on availability. You will be contacted with confirmation details after your registration form is received.**

IMPORTANT INFORMATION

Maine-Niles Association of Special Recreation (hereinafter collectively referred to as "M-NASR") is committed to conducting its recreation programs in a safe manner and hold the safety of participants in high regard. M-NASR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs must recognize that there is an inherent risk of injury when choosing to participate in recreational programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled enough for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational programs exist. In this regard, it must be recognized that it is impossible for M-NASR to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in M-NASR programs you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services/vehicle operation, when provided).

As a participant in the M-NASR program, I recognize and acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims that I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against M-NASR, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge M-NASR from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs.

I hereby authorize and give my consent to M-NASR to photograph/video my child (or me) or to obtain outside photographs/video of my child (or me) participating in M-NASR activities/events/program, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of M-NASR, without consideration of any kind.

In the event of an emergency, I understand and authorize M-NASR officials 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 important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

X _____
PARENT/GUARDIAN/PARTICIPANT (IF OWN GUARDIAN) SIGNATURE

X _____
DATE