



## Adult Program Registration & Waiver

Program \_\_\_\_\_

Fee \$ \_\_\_\_\_ Start Date / Session: \_\_\_\_\_

Payment:     Cash     Cheque     Visa     MC     Debit

Name \_\_\_\_\_

Membership # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ wish to participate in an activity operated by the Bears paw-Glendale Community Association. I understand that some of the activities that I will be participating may involve risk or injury to me and that the causes of these injuries may include, my own negligence, the negligence or deliberate wrong doing of other participants involved or associated with the Association. I hereby freely accept all of these risks however caused, whether the risk results in personal injury, property damage, or some other harm to me.

As a condition, of the Association allowing me to participate in events operated by the Association. I agree to waive all claims, that I have or may have in the future against the Association for any injury, property damage, financial loss, or any other loss that may result directly or indirectly from my participation in any event operated by the Association. No matter how this loss is caused, including negligence on the part of the Association and its agents.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date