



Hallett Center of Crosby Registration Form and Waiver

Main Contact

Last Name _____ First Name _____

___ Male ___ Female DOB ___/___/___ Hallett Center of Crosby Member ___ Yes ___ No

Mailing Address _____ City _____ State ___ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact & Phone _____

Participant #1

Participant Name _____ Male ___ Female ___ DOB ___/___/___

Allergies/ Special Conditions _____ T-shirt Size _____

Program Name	Date(s)	Day of the Week	Time	Fee

Participant #2

Participant Name _____ Male ___ Female ___ DOB ___/___/___

Allergies/ Special Conditions _____ T-shirt Size _____

Program Name	Date(s)	Day of the Week	Time	Fee

Make Check Payable to the "Hallett Center of Crosby" Total Amount Due \$ _____

***Payment and completed form are required for program registration*

Waiver

Please read this form and be aware that in attending the Hallett Center of Crosby and participating in the above activity along with using the facilities equipment you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with the Hallett Center. The Hallett Center of Crosby shall not be liable for any damages arising from personal injuries sustained in, on or about the premises of the facility, and does hereby fully and forever release and discharge the health fitness centers, owners, management company, and employees, from any action of cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the Hallett Center of the facilities and equipment. Participants registering hereby permit the taking of photos, audio and videotaping during the Hallett Center of Crosby activities for publication and use as the facility seems appropriate.

Signature: _____ Date: _____

Office Use Only Total Paid \$ _____ Check # _____ Cash \$ _____ Date _____ Initial _____