

Printed Name (Parent/Guardian)

| For Office Use Only. | | | |
|----------------------|-----------------|--|--|
| Date: | Staff Initials: | | |

Date

Group Fitness & Personal Training Waiver Summer 2017

| First (Given) Name | Last (Family/Sur) Name | N# | Date of Birth (MM/DD/YYYY) | |
|---|---|--|---|--|
| Local Street Address | Apt # | City | State Zip | |
| New School Email | | Phone # | | |
| Status ~ | e note below) | □ Lang□ Parsons□ Parsons SIS□ Performing Arts | □ Public Engagement (SPE)□ Social Research (NSSR)□ Central Administration | |
| Emergency Contact Name | Relationship | Phone | e # | |
| You must have Health Insu | rance to participate in Recreat | tion events offered by | y The New School. | |
| nsurance Carrier: Policy Number: | | | | |
| Is this New School Health Ir | nsurance? □Yes □No | _ , | | |
| held in SUMMER 2017 , hereby a including transportation to and f and voluntarily assume full responsesult of participating in the Progression of | participate in RECREATION (the "Prossumes the risk of any personal injury rom The New School campus. I am funsibility for any risks of loss, property ram, whether caused by the negliger pare and participate in the Program. | y in connection with the P lly aware of the risks and y damage or personal inju | hazards connected with the activity, ry that may be sustained by me as a | |
| liability, claims, demands, action death, that may be sustained by | s and causes of action whatsoever ar | ising out of or related to a me, whether caused by the | e negligence of the University and/or | |
| | initialing after this statement I under rticipate in Group Fitness Classes out | | g activity. My participation is strictly ours | |
| Printed Name (Participant) | Signature (Pa | rticipant) | Date | |
| For participants under the | age of 18, a parent or guardia | n must sign below. | | |

Signature (Parent/Guardian)