



For Office Use Only.
 Date: _____ Staff Initials: _____

Group Fitness & Personal Training Waiver Fall 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 ~ <input type="checkbox"/> Undergraduate
<input type="checkbox"/> Graduate
<input type="checkbox"/> Faculty* (see note below)
<input type="checkbox"/> Staff* (see note below) | School ~ <input type="checkbox"/> Lang <input type="checkbox"/> Public Engagement (SPE)
<input type="checkbox"/> Parsons <input type="checkbox"/> Social Research (NSSR)
<input type="checkbox"/> Parsons SIS <input type="checkbox"/> Central Administration
<input type="checkbox"/> Performing Arts <input type="checkbox"/> ESL |
|--|--|

Emergency Contact Name Relationship Phone #

You must have Health Insurance to participate in Recreation events offered by The New School.

Insurance Carrier: _____ Policy Number: _____

Is this New School Health Insurance? Yes No

The undersigned, who intends to participate in **RECREATION** (the "Program") sponsored by The New School (the "University"), to be held in **SUMMER 2017**, hereby assumes the risk of any personal injury in connection with the Program and its associated activities, including transportation to and from The New School campus. I am fully aware of the risks and hazards connected with the activity, and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me as a result of participating in the Program, whether caused by the negligence of the University or otherwise. I certify that I am physically fit and sufficiently trained to prepare and participate in the Program.

I hereby release, waive, discharge and covenant not to sue the University, its trustees, officers, agents or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the University and/or its trustees, officers, agents or employees, or any other person present during or participating in the Program.

***For New School Employees:** By initialing after this statement I understand this is a non-working activity. My participation is strictly voluntary and that I shall only participate in Group Fitness Classes outside of my normal work hours. _____

Printed Name (Participant) Signature (Participant) Date

For participants under the age of 18, a parent or guardian must sign below.

Printed Name (Parent/Guardian) Signature (Parent/Guardian) Date