



Name: _____

Non-Member Participant Agreement

As a non-member participant at The Center for Individuals with Physical Challenges [*"The Center"*], each person for himself, his heirs, assigns, spouse, minor children and personal representatives specifically assumes any risk inherent in any activity actually existing on or about the premises used by *The Center*. *The Center* staff, volunteers, Board of Directors and its officers assume no liability whatsoever for any accident or injury whether personal or otherwise arising from operation of *The Center* or conduct of or for *The Center*.

Each non-member participant agrees specifically for himself, his heirs, assigns, spouse, minor children and personal representatives to hold harmless *The Center* staff, volunteers, Board of Directors and its officers and its officers for any and all Center activities, equipment or Center-used premises.

Further, I accept full responsibility for informing *The Center* staff, in advance, of my participation, and of any past or current medical conditions of which they need to be aware in reference to my involvement. I acknowledge *The Center* strongly recommends consultation with a physician before beginning an exercise program.

I agree to be governed by *The Center's* rules and regulations, including the above "hold harmless clause." I have read this agreement and waiver and am fully familiar with its contents.

I hereby release *The Center* from any and all liability resulting from my use of the facility and assume all risks in connection therewith including known and unknown risks.

I grant *The Center* permission to use my name, photo and/or likeness in any public relations, marketing or fundraising materials. Yes No

Are you 18 years or older? Yes No If no, a parent or legal guardian signature is required.

Name of partnering entity/member you will be attending with: _____

Non-Member Participants Signature: _____

Date: _____

Non-Member Participants Name, PRINTED: _____

Address: _____

City, State, Zip: _____

Contact Phone No.: _____

Email: _____

For reporting purposes, we request the following demographic information. This information will remain secure and is reported anonymously.

DOB [month & year]: _____ Gender: Male Female

Race: Caucasian/White African American Hispanic Asian/Pacific Islander
 Native American Other: _____ Two or more races