



## ACTIVITIES FOR LIFE REGISTRATION FORM

P.E. Center Rm. 187, Frostburg State University, 101 Braddock Road, Frostburg, MD 21532

Phone # 301-687-7934

Name of activity \_\_\_\_\_

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Amount \$ \_\_\_\_\_ Cash Check Money Order Online Payment Confirmation # \_\_\_\_\_

Refunds will only be given for cancelled courses. Classes cancelled due to inclement University weather closings will be rescheduled.

### Frostburg State University Activities For Life Release Statement:

I, as a participant in, or parent/guardian of a minor who is a participant in Frostburg State University's Activities for Life, and my heirs and estate and/or the heirs and estate of my minor child (if child is a participant) agree to release and forever hold harmless the State of Maryland, the University System Of Maryland, Frostburg State University, and their agents, officials, and employees from any action, liability and damages or losses resulting from enrollment or participation in the Activities for Life unless caused by the gross negligence or actual malice of the University, its employees, agents or officials.

I am aware that participation in this activity/course/class involves significant risks including but not limited to the risk of major, physical, mental, or emotional injury, such as permanent paralysis, brain damage, and possibly death. I am also aware that it is my personal responsibility to provide either insurance or personal coverage for actions arising from this participation.

I do further give my consent and permission for, and waive and/or assign any and all rights to any photographs or video tapes taken by Frostburg State University while the above activity is in progress. As exclusive owner of such photographs and /or video tapes, Frostburg State University shall have the sole and exclusive right to display and/or reproduce these photographs and videos, and any copies made. I have read and do fully understand and agree to abide by the Frostburg State University Activities For Life Release Statement as written above.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(If participant is less than 18 years old)