

Resolutions

REGISTRATION: PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPANT. PLEASE PRINT CLEARLY.

PARTICIPANT NAME (LAST) (FIRST) PARTICIPANT PVAC MEMBER #:

HOW DID YOU HEAR ABOUT RESOLUTIONS AT PVAC?

ADDRESS (STREET) (CITY) (ZIP)

EMAIL - *FOR PROGRAM UPDATES AND INFORMATION.* HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

+ STOP! PLEASE SIGN THE **MEDICAL CONSENT AND RELEASE OF LIABILITY ON REVERSE SIDE** ▶▶

ENROLLMENT: PLEASE INDICATE THE SESSION IN WHICH YOU WILL BE ENROLLED.

Dates	Day	Time	Fee*
<input type="checkbox"/> TUESDAY SESSION: Starts January 5th	Tuesdays	6-7pm	\$15/week \$20/week non-member
<input type="checkbox"/> WEDNESDAY SESSION: Starts January 13th	Wednesdays	12-1pm	\$15/week \$20/week non-member
<input type="checkbox"/> THURSDAY SESSION: Starts January 21st	Thursdays	9-10am	\$15/week \$20/week non-member
<input type="checkbox"/> SATURDAY SESSION: Starts January 30th	Saturdays	9-10am	\$15/week \$20/week non-member

*There is also a \$40 materials fee.

NO REFUNDS.

PAYMENT: PLEASE INDICATE METHOD OF PAYMENT BELOW.

OPTION 1: I will pay \$100 (\$88 if sign up by December 24) **for the first 4 weeks of classes and materials fee & request the remaining balance of \$120** (\$96 if sign up by December 24) **be charged to my account in two equal payments of \$60** (\$48 if sign up by December 24) **over the following two months.**

CHARGE PVAC ACCOUNT # _____

SIGNATURE: _____

OPTION 2: I will pay for my 12 weeks of classes (\$180 member / \$240 non-member) (\$144 if member & sign up by December 24) **and \$40 materials fee for a total of \$220 (member) or \$280 (non-member)** (\$184 if member & sign up by December 24) **by:**

CASH
 CHECK # _____
 CHARGE PVAC ACCOUNT # _____

SIGNATURE: _____

**Sign up by
December 24th
and pay only
\$12/week!**

OFFICE USE ONLY

RELEASE OF LIABILITY & MEDICAL CONSENT

I, the undersigned, recognize that the use of the equipment and the facilities of Petaluma Valley Athletic Club involves a risk of physical injury, including that caused by the negligence of myself and Petaluma Valley Athletic Club, it's agents and employees. I hereby agree to assume the risk of injury in its entirety regardless of the cause.

I agree to assume the risk in my own participation in any activity, class, program, instruction, or Petaluma Valley Athletic Club sponsored event. I agree that if I engage in any physical exercise or activity or use any Petaluma Valley Athletic Club facility or any of it's affiliates or related entities, I do so at my own risk and assume the risk of any and all injury and/or damage while engaging in any physical exercise or activity or use of any club facility on the premises.

I agree that I am voluntarily participating in the aforementioned activities and voluntarily using the Petaluma Valley Athletic Club facilities. I agree to assume all risk of injury, illness, damage, or loss to me or my property that might result, including, without limitation, any loss or theft of any personal property, injuries or damages that might result from the negligence of Petaluma Valley Athletic Club or any of it's affiliates, employees, agents, representatives, successors, and assigns.

I authorize Petaluma Valley Athletic Club or his/her authorized agent to consent to any medical treatment and/or hospital care, which is given to me.

By signing this consent form, I agree that I am in good physical condition and there is nothing preventing me from engaging in active or passive exercise or from any activity or service offered by Petaluma Valley Athletic Club. I allow for photographs taken while at the club, to be used for marketing purposes unless otherwise indicated in writing prior to publication of the images.

I agree on behalf of myself and all of my personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Petaluma Valley Athletic Club and its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action known or unknown arising out of the negligence of Petaluma Valley Athletic Club or any of it's affiliates, employees, agents, representatives, successors, and assigns. I further expressly agree that the foregoing release of liability agreement is intended to be as broad and inclusive as permitted by the law in the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND MEDICAL CONSENT AND FULLY UNDERSTAND THAT IT IS AN ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS RELEASE OF LIABILITY AND MEDICAL CONSENT, I AM GIVING UP MY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PETALUMA VALLEY ATHLETIC CLUB OR ANY OF ITS AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR IT'S NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE RELEASE OF LIABILITY AND MEDICAL CONSENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

FIRST & LAST NAME (PLEASE PRINT CLEARLY)

SIGNATURE (PARENT OR GUARDIAN'S SIGNATURE, IF A MINOR)

DATE
