



## Murfreeboro City Schools Fit for Success Registration Form

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Address: \_\_\_\_\_  

Street No. & Name
Apt. #
City
Zip Code

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

How best may we contact you for follow-up information (circle one):    Work    Home    Cell    Email

### Waiver and Release of Liability & Permission - PLEASE READ CAREFULLY

In consideration for permission to participate in this sport or activity and any related transportation I agree as follows:  
 I have considered and evaluated the risks, dangers and possibility of injury resulting from participation in and related transportation to the sport or activity in which I, or my child or ward is participating.

I know and understand foreseeable and unforeseeable injuries could occur from actions of myself, my child or ward, other participants, the City, its employees or volunteers, contractors with the City and other persons involved in the activity or not.

***I deliberately and knowingly assume all costs, risks of injury and/or other damages for myself and/or my child or ward, including but not limited to cost of medical treatment, permanent injury or death, and property damages resulting from this sport or activity. I waive, release and hold harmless the City, its employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries and/or other damages for myself and/or my child or ward (including but not limited to, cost of medical treatment, permanent injury or death, and property damage) from this sport or activity.***

If I am not present, or if present, not able to make decisions, I authorize the City, its employees, volunteers and/or contractors to obtain or provide any first aid or other medical treatment which they deem necessary for me or my child and/or ward at my expense and this is subject to the waiver, release, assumption of costs, risks, and hold harmless agreement, etc. set forth in the paragraph above.

I give my permission for any photos or video footage of myself and/or my child or ward taken during the course of this sport or activity to be used for educational, promotional, or any other purpose.

I agree that in the event of any lawsuits arising from this agreement of this sport or activity, jurisdiction in venue must be in the courts for Rutherford County, Tennessee.

I understand that a Wellness Program is considered a taxable fringe benefit and that I will be responsible for any and all payroll taxes (FICA, Medicare, & Federal Withholding Taxes) associated with the established value of the program. My signature below authorizes Murfreeboro City Schools to make the appropriate payroll deduction from my check to pay the applicable taxes.

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature

**Check the box below to have your membership automatically renewed annually.**

***Yes, I authorize MCS to automatically renew my membership in the Fit for Success Program annually.***

\*\*To cancel your Fit for Success membership submit in writing a notice of cancellation to the office of Coordinated School Health.

Once Coordinated School Health has taken your information and presented you with a signed copy of this form, please take it to Sports\*Com (2310 Memorial Blvd., Murfreeboro, TN) to have your Fit for Success facility pass created.

If you need any assistance with use of the facilities or equipment, creating a workout program, or if you have any questions about the program, please contact either Allison Davidson at Sports\*Com (895-5040) or Chad Hill at Patterson (893-7439).

#### Office Use Only

Date Received by Coordinated School Health: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

#### Facility Use Only

Date Pass Created: \_\_\_\_\_ Pass Created by: \_\_\_\_\_

Facility Staff: Once pass is created send registration form to Allison Davidson at Sports\*Com.