

## Fit for Success Registration Form

MCS Employee Name: \_\_\_\_\_ Department/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. & Name Apt. # City Zip Code

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Name	Relationship	Age
Dependent _____	_____	_____
Participants: _____	_____	_____
_____	_____	_____
_____	_____	_____

*\*Participants must be eligible for your insurance. (i.e.: legal children under 26, legal spouse, documented children in custody, etc.)*

### 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.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

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

(Spouse)

Signature

**To cancel your Fit for Success membership, submit in writing a notice of cancellation to the office of Coordinated School Health. Your membership will renew yearly otherwise.**

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

If you need any assistance contact Allison Davidson at Sports\*Com (895-5040) or Autumn DePriest at MCS (615-225-9377)

Office Use Only

Facility Use Only

Received by Coordinated School Health: \_\_\_\_\_ Date Pass Created: \_\_\_\_\_

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