

PROGRAM REGISTRATION FORM

PARTICIPANT CONTACT INFORMATION – PLEASE PRINT

NAME: _____ PHONE: (H) _____ (W) _____
 CURRENT ADDRESS: _____ CITY: _____
 POSTAL CODE: _____ E-MAIL: _____
 IN CASE OF EMERGENCY, CONTACT: Name: _____ Phone: _____

MOUNT MEMBERSHIP STATUS PLEASE CHECK ONE: MALE FEMALE

<p><u>MSVU PARTICIPANT:</u></p> <p><input type="checkbox"/> Full-Time MSVU STUDENT- ID# _____</p> <p><input type="checkbox"/> Part-Time MSVU STUDENT- ID# _____</p> <p><input type="checkbox"/> Full-Time MSVU FACULTY/STAFF Dept: _____</p> <p><input type="checkbox"/> Part-Time MSVU FACULTY/STAFF Dept: _____</p>	<p><u>COMMUNITY PARTICIPANT:</u></p> <p><input type="checkbox"/> COMMUNITY</p> <p><input type="checkbox"/> ALUMNAE- Year Graduated _____</p> <p><input type="checkbox"/> SENIOR (55+ Years)</p> <p><input type="checkbox"/> NON-MSVU STUDENT (18+ Years)</p> <p><input type="checkbox"/> School : _____</p> <p><input type="checkbox"/> FAMILY MEMBER _____</p>
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MOUNT PROGRAM

PLEASE CHECK ONE: Day Pass

FACILITY MEMBERSHIP: Facility Only Fitness Only Fitness & Facility Combo

INSTRUCTIONAL: _____

CLINICS/ WORKSHOPS: _____

ONE-TO-ONE WEIGHT TRAINING APPOINTMENT

OTHER: _____

REFUND POLICY

- 1) If you are not fully satisfied, refunds will be granted within 5 days of purchase.
- 2) If you are requesting a refund after the fifth day, refunds will be given with:
 - A) **Medical Reason:** Medical certificate specifying that the individual can no longer participate in physical activity.
 - B) **Work Related:** Transferred or moving out of province. Letter from employer required to confirm aforementioned facts.

PLEASE NOTE:

- Refunds will only be **processed from the date that a written request or medical certificate is received** by the Athletics and Recreation Office. All refunds are subject to an administrative fee.
- All refunds will be calculated on the remaining portion of the membership fee and will take approximately 14-21 days to process. Applicable to 3 month, 6 month and one year memberships only.
- Instructional Program Refund Policy: Full refund prior to the start of the 2nd class. After the 2nd class, refunds will be given with medical documentation. Refunds will be prorated.

RELEASE OF LIABILITY OF MOUNT SAINT VINCENT UNIVERSITY

PLEASE READ CAREFULLY.

Mount Saint Vincent University's liability is excluded by the terms of this document. As a condition of my participation in any sports, fitness or recreational activities at Mount Saint Vincent University ("the Mount"), I release and agree to indemnify and hold harmless the Mount and its Board of Governors, officers, employees and agents (collectively "the Releasees") from any and liability for any bodily injury, death, property damage or loss of every nature and kind that I may suffer however arising from or in consequence of my participation in sports, fitness or recreational activities at the Mount. Due to any cause whatsoever including but not limited to negligence, breach of contract or breach of any statutory or other duty of care including any duty owed under the Occupiers Liability Act, S.N.S. 1996, c. 27, on the part of the Releasees and I waive any and all claim or rights of action. I acknowledge that I have read and understood the "Release of Liability" and PAR-Q questionnaire (on reverse side).

DATE: _____ SIGNATURE: _____

Reg. by: _____ Date: _____ In Computer: _____ Payment Entered: _____

Notes: _____