



Adult Programming Registration Form

Activity: _____ Session: _____

(Please Print)

Participants Information

Last Name:	First:	Birth Date: / /
Street:	Home Phone:	Work Phone:
City:	State:	Zip:
Email Address:		

Medical History / Allergies

Do you have any disabilities, handicaps, diabetes, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition that we need to know about? Yes _____ No _____
If yes, describe:

Emergency Authorization

I, hereby authorize the staff at IROC acting in the capacity as my agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can not be reached, please contact the emergency contact person listed above, who is hereby authorized to act on my behalf.

Waiver of Liability

For Indoor Recreation of Orleans County to accept registration and permit participation I hereby give my consent and agree to release, indemnify, and hold harmless IROC including their staff, representatives and board members from any claim arising out of injury to the participant. I also hold the above harmless from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based upon religious philosophical beliefs or otherwise. I acknowledge that the medical coverage for participants in this activity is secondary to any other medical coverage applicable. I acknowledge that Indoor Recreation of Orleans County may compile addresses and mailing labels and may utilize photographs and videos of the participant and consent to such uses; I hereby waive all rights to compensation.

Code of Conduct and Aquatic Center Regulations

Becoming a member of IROC or participating in an IROC-sponsored event or activity implies acceptance of IROC's Code of Conduct and Aquatic Center Regulations. The IROC staff will handle situations that arise on a case-by-case basis, and the program director will determine appropriate consequences.

I have read the information above and the Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature of Participant:

Date: