

Bounce & Field Day Program Registration Form

Monday, February 6th 2012
10 am - 2 pm

Name: _____ Age: ____ Grade: ____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Phone: _____

Emergency Contact Name/Number: _____

Email: _____

Payment Type: Check Visa Mastercard Cash

Card Number: _____

Name on Card: _____

Exp Date: _____ Security Code: _____

Monday, February 6th

\$20 (Includes Lunch)

I, the undersigned, desire to voluntarily participate in the following activity (Sport – Tennis, Basketball, Soccer, Baseball, Bootcamp, Strength Training): _____ (hereinafter “activity”). I represent that I am knowledgeable of this activity and the risks of personal injury or property damage to myself and to others which may be associated with the activity. Notwithstanding these risks, I wish to assume them by voluntarily participating in this activity and in any travel associated with this activity.

I understand and agree that The Rock, LLC and/or GSM at Westrock, LLC accepts no responsibility for my acts or the acts of others while I am participating in and traveling in connection with this activity.

In consideration of The Rock, LLC and/or GSM at Westrock, LLC offering this opportunity and allowing me to participate in this activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby do release, relieve, discharge and hold harmless The Rock, LLC and/or GSM at Westrock, LLC, its officers, trustees, employees, and representatives from any and all liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with participation in this activity and any travel associated with this activity.

By signing below, I acknowledge that I have read and understand the Release of Liability.

SIGNATURE _____ DATE _____