

Department of Recreational Services
Program Registration Form

Program/Class _____ **Session #/Day** _____

ALL PROGRAM FEES ARE NON-REFUNDABLE

Name _____ Student ID # _____

Local Address _____ Phone _____

City _____ State _____ Zip Code _____

Male _____ Female _____ Date of birth _____ Email _____

Status: WP Student _____ Faculty _____ Staff _____ Alumni _____ Spouse _____ Other _____

Year: Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____ Other _____

Please answer the following questions so that we may address your needs.

1. How did you hear about the program? _____
2. Are you currently on a regular exercise program? yes no
3. If yes, what activities do you regularly participate in? _____
4. Do you have any physical limitations? (i.e. bad knees, etc.) _____
5. What are your reasons for joining this program? _____
6. **Who do we contact in case of emergency?**

Name _____ **Phone** _____

CERTIFICATION AND RELEASE

Participant Waiver, Acknowledgment, and Release From Liability

I hereby certify that I have no health problems whatsoever, that I am physically fit, and that I am sufficiently trained to participate in this program

I am also fully aware of and assume completely all of the risk of any injury to myself or of any damage to my health that might result from my participation in this program. In consideration of the acceptance of my application I, for myself, my executors, administrators, and assigns, do hereby release and discharge the William Paterson University, and their employees, and all individuals assisting in the above course or program from all claims for damages, demands, and actions whatsoever in any manner growing out of my participation. I assume and agree to pay my own medical, hospital, dental, and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Photo Release

I hereby acknowledge and grant permission to William Paterson University the use of my image in visual reproduction, publication, taping, filming, and/or videotaping in whole or in part and in any medium for any lawful purpose including, but not limited to, illustration, promotion, or advertising without any further compensation to me. Permission is restricted to William Paterson University as sole user of my image for University purposes as stated above.

I waive any rights to notice or approval of any use of the imaging and/or photographs which William Paterson University may make of, or authorize, and I release, discharge, and make harmless William Paterson University and its agents and licensees from any claims or liability in connection with the use of the aforesaid imaging or photographs.

SIGNATURE _____ **DATE** _____

*Building availability and hours are subject to change due to special events, athletic contests or weather.
Session changes will be announced in advance. All programs subject to cancellation due to low enrollment.*

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Home Address _____

City _____ State _____ Zip Code _____

Payment Type (circle one): CASH CHECK/MONEY ORDER (Payable to WPUNJ) PIONEER EXPRESS

FOR FA/CPR/AED/LG/WSI PROGRAMS ONLY: VISA MASTERCARD DISCOVER

Credit Card Number _____ Expiration Date _____ CVV# _____

Cardholder Name _____ Signature _____

Date & Time	Program	Amount Paid	CD Initials		Date & Time	Program	Amount Paid	CD Initials

Hiking Trips

Date	Destination	Signature