

# Matthews United Methodist Church Recreation Ministry

## Class Registration & Waiver

Full Name (First & Last)	Date of Birth	Sex M / F
Address	City, State, Zip	
Home Phone	Work/Cell Phone	
Email Address - <i>Do you wish to receive email updates from the recreation ministry?</i> <i>Yes / No</i>		
Yes      No	Yes      No	
Are you a MUMC Member?	Have you attended a MUMC fitness class?	

### Emergency Contact Information

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Alt Phone	Home Phone	Alt Phone
Relationship		Relationship	

### MUMC Recreation Ministry Class Information

**Classes that you attend - Please circle...All that apply**

**Pickleball - M/W**

*Meets 12:00pm -3:00pm in Gym*

**Sit N Fit - M/W/F**

*Meets 10:30- 11:15am in 158*

**Yoga - M/W/F**

*Meets 9:20- 10:15am in 158*

**Forever Young - (adult Aerobics) M/W/F**

*Meets 10:30 - 11:30am in Gym*

**Track: Monday – Thursday**

*Open 9:00am – 5:00pm*

**LIABILITY RELEASE:** In consideration of MUMC allowing the Participant to participate in Matthews United Methodist Church Recreation Ministry programs, I, the undersigned, do hereby release, forever discharge and agree to hold harmless MUMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property loss, damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved. I hereby assume all risk of personal injury, sickness, death, personal or property damage /loss and expense occurring because of participation in recreational programs. The undersigned hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred to attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the participant pursuant to this authorization.

I understand that authorization /consent for the disclosure of the participant's protected health information is a condition for participation in an athletic activity with Matthews United Methodist Church. I/we further understand that this health information might otherwise be protected by the Health Information Portability and Accountability Act (HIPAA) and may not be disclosed without participant's authorization under HIPAA. This health information may concern the participant's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. I acknowledge and consent that on an as needed basis, and in the sole discretion of Matthews United Methodist Church, this information may be disclosed to church officials and administrators well as health care providers, hospitals and /or medical clinics and/or laboratories, coaches, and medical insurance coordinator (s). I understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by **HIPAA**.

I understand that I/we may revoke this authorization/consent at any time by notifying in writing a Matthews United Methodist Administrator. This authorization/consent expires one year from the date signed.

I understand that before beginning any exercise program, I should consult with a physician. I fully understand that I am entering these classes at my own risk. I agree to obey all the policies and procedures for Matthews United Methodist Church; to keep the facility clean and to promote a Christian atmosphere.

**REFUND POLICY:** Requests for refunds made after the first week of a new session of exercise classes at Matthews United Methodist Church will be granted only in cases of sickness, injury or relocation. All refund requests must be made in writing and received by our office prior to the end of the session during which you were absent. No "rollovers" will be allowed. Furthermore, I understand that if a class cannot be held as scheduled (because of inclement weather, an act of God or circumstances beyond our control) the class is not liable for refunds of any participant fees.

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