

Rock River Center Registration Form
Please fill out completely

Participant Information

Name _____ Date of birth _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Emergency Phone _____
 Member? Yes _____ No _____ E-mail (optional) _____

Activity/Class or Trip Name	Program Date	Fee

For trips only: I will board the transportation @ Oregon__ Mt. Morris__ Polo__ Rt 64&251__

Total Fees \$ _____ Cash (in person only) _____ Check _____
 Gift Certificate (\$amount) _____

Mail or Drop Off Completed registration form and waiver to:

Rock River Center, 215 W. Washington St., Oregon, IL 61061

You are NOT registered until Rock River Center receives signed forms and payment.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program(s) against the Rock River Center, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk.

PARTICIPATION WILL BE DENIED

If the signature of the participant and date are not on the waiver.

X _____ Today's Date _____