



# PARTICIPANT REGISTRATION FORM

Last Name

First Name

Middle Name

Home Phone

Cell Phone

Birthdate (MM/DD/YYYY)

Email

Male  Female  Non-Binary

Street Address

City

State

Zip

Are you a Veteran? Yes  No

Emergency Contact: First and Last Name

Relationship

Phone Number

Country of Origin

Language Spoken At Home

## Release Of Liability & Agreement

Volunteers of America Western Washington (VOAWW) Carl Gipson Center offers a variety of physical activities, which may include but are not limited to group exercise classes, table tennis, the fitness room, and others. By signing below a participant attests that they are capable of determining their ability to participate in any/all activities. The Carl Gipson Center has not and will not render any medical advice regarding their physical condition. Participants are aware that participation may result in accident or injury, and assume all risks related to their participation in the activity. Participants release and hold harmless VOAWW, the City of Everett, and all officers, employees, assigns, and agents from all claims (including personal injury claims) arising from or relating to their participation in the activities at the Carl Gipson Center. By signing below, I agree and affirm the foregoing Release of Liability. I agree to abide by the Carl Gipson Center Code of Conduct.

Participants give their permission for the staff to call the number(s) they have provided regarding information and updates about the Carl Gipson Center, and give their permission for VOAWW to use any photograph and video taken of them at the Carl Gipson Center for advertising and publication purposes.

Participant Printed Name

Date

Signature

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*For participants younger than 18, parent or guardian must provide permission to participate:*

Parent/Guardian Printed Name

Date

Signature