

Camp/Clinic Title: _____

Session: _____ **Day:** _____ **Group:** _____

Child's name: _____ **Age:** _____ **D.O.B.:** _____

Parents Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Medical Treatment

In the event of an emergency in my absence I give the Total Sports Experience staff the authority to treat my child/children for any injuries that may occur during their participation in the clinic sponsored by the Total Sports Experience.

Child's name (print): _____

Parent's name (print): _____

PARTICIPATION AGREEMENT AND INDEMNIFICATION

**TOTAL SPORTS FACILITY
880 Elmgrove Road, Rochester, New York**

My child's name is _____ **and resides at** _____

I understand and hereby affirm relative to my participation in any activity that involves physical exercise or exertion that I am to follow the advice of my personal physician, including any restrictions, recommendations or instructions which my personal physician has provided. I am freely and voluntarily participating in physical activity which involves physical exercise and/or exertion at the Total Sports Facility (including the fitness center) located at 880 Elmgrove Road, Rochester, New York.

I, on behalf of myself, my beneficiaries, heirs and assigns covenant and agree to indemnify, protect, defend and save harmless Elmgrove Ventures, LLC, Total Sports Experience, LLC, their agents, representatives, employees (former, current or future employees), members, officers, directors, officials, successors and/or assigns from and against any and all damages, losses, charges, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements, and/or expenses, including, without limitation, all reasonable attorneys' fees, which may now or in the future be undertaken, suffered, paid, awarded, assessed, imposed, asserted or otherwise incurred by Elmgrove Ventures, LLC, Total Sports Experience, LLC, their agents, representatives, employees (former, current or future employees), members, officers, directors, officials, successors and/or assigns relating to, resulting from or arising out of my use and/or participation at the Total Sports Facility (including the fitness center) located at 880 Elmgrove Road, Rochester, New York, including but not limited to any loss or liability to my person or property, or to that of any other person or property.

Photography and Video Recordings

Photographs and/or video are occasionally taken of program and event participants at Total Sports Experience. These photographs are used to promote future programs and events. If you prefer that you or your child not be included, please notify the photographer.

Dated: _____ **Print Parent's Name:** _____

Sign Parent's name: _____

Payment Method:

Cash: _____ **Check:** _____

Credit Card: _____ **Card #:** _____ **Expiration Date:** _____

Signature: _____

Mail registration form to:
Unity Health System Total Sports Experience
880 Elmgrove Rd.
Rochester, NY 14624