



TALSC 714 E. Main St. Titusville, PA 16354 814-827-3741 tlsb@zoominternet.net



Winter Festival Registration Form

When:	January 17, 2015				
	(Make-up date: January 24	, 2015)	Pleas	se Check L	esson Time
Where:	Oil Creek State Park Cros	s Country Ski Area			10:30 am —11:30am
Fee:	\$20 (Ski Rental, Lesson &	Trail Fee)			12:30 pm —1:30pm
	\$15 (Under 18)				2:30pm —3:30pm
	\$10 (No equipment)				
NAME:_		· · · · · · · · · · · · · · · · · · ·			
ADDRE	SS:				
CITY:		STATE:	ZIP:		<u> </u>
PHONE	NUMBER:				
HEIGHT	Γ:	SHOE SIZE:		TOTAL: \$	5
YOUTH	PARTICIPIANT				
1). PAR	ENTS: PLEASE READ AN	D SIGN WAIVER FORM	BELOW:		
I/We the	e parents (guardian of //our approval for his/her p				hereby
that my child assume the treatment of or illness whinstructor. F Leisure Sen and all claim participation Commission any and all of participating	//Our approval for nis/ner ry d/s participation in this activity involves the risks and I/we, on behalf of my/our minor i injuries experienced or incurred during th inich might limit their participation in this p- or and in consideration of my/our child's - vices Commission, the Titusville Area Sch as or causes of action that I/we or the child in in this program. In further consideration h, the Titusville Area School District, the C causes of action claims or lawsuits that mi y in this athletic program. Said indemnity s ves and assigns.	I risk of injury to their person, as well a child, agree to assume these risks. It is program or as a result of the progragram. In the event that I/we become ability to participate in this program, I/wo I bistrict and the City of Titusville as at might have against them for injuries of my/our child's ability to participate in the office of the country of the country and all supervisors the behought against any or all of the	as possible lost, stole is further understood am. I/We certify that a ware of any such owe personally and on se well as all supervise to my/our child, dam. In this program I/we as or instructors, or ar em arising from relat	en or damaged iten d that there is no h my/our child is in g condition, I/we will in behalf of the child ors or instructors p page or loss of their agree to hold Titus my other personnel ting to any injuries	ms. I/We personally hereby agree to realth or accident coverage for good health and has no existing injury immediately notify the supervisor or a hereby release the Titusville Area surarticipating in this program from any resonal property, resulting from their ville Area Leisure Services involved harmless from and against sustained by my/our child as a result of
Signatui	re of Mother (date)	Signature of F	ather (date)	- Sig	nature of Guardian (date)
ADULT	PARTICIPIANT				
2). <u>ADU</u>	ILT PARTICIPANTS – PLE	ASE READ AND SIGN W	AIVER FORM	M BELOW:	
Lunderstand	d that my participation in this athletic activi	ty involves the risk of injury to my pers	son, as well as possil	ble lost, stolen or c	damaged items. I personally hereby

l understand that my participation in this athletic activity involves the risk of injury to my person, as well as possible lost, stolen or damaged items. I personally hereby agree to assume the risks. It is further understood that there is no health or accident coverage for treatment of injuries experienced or incurred during this program or as a result of the program. I certify that I am in good health and have no existing injury or illness which might limit my participation in this program. In the event that I become aware of any such condition, I will immediately notify the supervisor or instructor. For and in consideration of my ability to participate in this athletic program, I personally hereby release the Titusville Area Leisure Services Commission, the Titusville Area School District and the City of Titusville as well as all supervisors or instructors participating in this program from any and all claims or causes of action that I might have against them for injuries to myself, damage or loss of personal property, resulting from my participation in this program. In further consideration of my ability to participate in this program I agree to hold Titusville Area Leisure Services Commission, the Titusville Area School District, the City of Titusville, any and all supervisors or instructors, or any other personnel involved harmless from and against any and all causes of action claims or lawsuits that might be brought against any or all of them arising from or relating to any injuries sustained by myself as a result of participating in this athletic program. Said indemnity shall include court costs and reasonable attorney's fees. This release shall extend to my heirs, personal

PARTICIPANT'S SIGNATURE (date)