



ROCKY RIDGE RANCH

Adult Program Registration & Waiver

Program: _____

Fee: \$ _____ Start Date / Session: _____

Payment:

Cheque

Visa

MC

Debit

Name: _____

Membership #: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact:
(Name & Phone) _____

I, _____, wish to participate in an activity operated by The Rocky Ridge Ranch Homeowners Association. I understand that some of the activities that I will be participating may involve risk or injury to me and that the causes of these injuries may include my own negligence, the negligence or deliberate wrong doing of other participants involved or associated with the Association. I hereby freely accept all of these risks however caused, whether the risk results in personal injury, property damage, or some other harm to me. As a condition, of the Association allowing me to participate in events operated by the Association, I agree to waive all claims that I have or may have in the future against the Association for any injury, property damage, financial loss, or any other loss that may result directly or indirectly from my participation in any event operated by the Association; no matter how this loss is caused, including negligence on the part of the Association and its agents.

Refund Policy: 1 week prior to program start date a full refund less a \$25.00 admin fee. Within a week of start date the refund less a \$25.00 admin. fee, & class pro-rate fee only with a note from an attending physician.

Signature: _____ Date: _____

Witness Signature: _____

GST No. 860716034RT0001 (Price includes GST)