



NIFS' Summer Health Safari classes are specially designed to encourage positive attitudes toward fitness, nutrition and body image. If your kids loved coming to NIFS for a field trip, they'll really love this class!

Registration Form (Separate form needed for each participant).

For elementary-aged kids (entering 2nd-5th grades)

Child's First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ___/___/___ Age: _____ Gender: (circle) Male Female

Address: _____

City: _____ State: _____ ZIP: _____

Parent's or Guardian's Name(s): _____

Employer/Business Name(s): _____

Daytime Phone(s): _____

Name(s) of other adult(s) that have permission to pick your child up from class :

Name: _____ Relationship to Child: _____

Phone: _____

\$59 for children of NIFS members (6 weeks)
 ___ Tuesdays July 7 – August 11, 5:00p–6:30p

\$79 for children of non-members (6 weeks)
 ___ Tuesdays July 7 – August 11, 5:00p–6:30p

\$99 if the parent (non-member) would like admission to NIFS during class (6 weeks)
 ___ Tuesdays July 7 – August 11, 5:00p–6:30p

Payment Section (please complete this section and enclose all forms with payment):

___ child(ren) x \$ ___ = _____ total. Check # _____

Please make checks/money orders payable to NIFS. If using a credit card, please complete this information:

___ Visa ___ Mastercard ___ Discover ___ American Express

Expiration Date ___ / ___ Account Number _____

Name on Card (please print) _____

Signature _____

Return this form to:

National Institute for Fitness and Sport
 ATTN: Kara Tucker
 250 University Boulevard
 Indianapolis, IN 46202

OUR MISSION

The National Institute for Fitness and Sport is committed to enhancing human health, physical fitness and athletic performance through research, education and service.

NIFS strives to accomplish our mission by encouraging the adoption of healthy behaviors which improve the quality of life for people of all ages and abilities.

317.274.3432 • www.nifs.org

Office Use:

Summer Health Safari for Kids at NIFS

Child's Health Information

Child's Name _____

Conditions which may affect my child's ability to participate in class activities _____

Allergies _____

Child's Physician _____ Phone _____

Medical Insurance Company _____

Waiver, Release of Liability and Consent to Medical Attention

In Exchange for my being allowed to participate in the National Institute for Fitness and Sport's (the "Institute") programs and opportunities (the "Activity"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to Inspect Facilities and Equipment

I agree that prior to participating in the *Activity*, I will inspect the facilities to be used. If I believe anything to be unsafe, I will immediately advise the *Institute* of such unsafe condition(s) and may decline to participate in the *Activity*.

2. Identification of Risks

I understand that participation in the *Activity* may involve risk of injury, disability and death and perhaps damage to property.

3. Assumption of Risk

I am physically and psychologically ready to participate in the *Activity* and assume all risks connected with my participation in the *Activity*. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the *Activity*.

4. Status of the *Institute*

I understand and represent that the *Institute* (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) is not my physician and that the *Activity* does not constitute the provision of medical or health care services.

5. Waiver and Release

I release and discharge the *Institute*, *Indiana University* (the owner of the *Institute's* premises), and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the *Activity*, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including all renewals of membership or participation in other programs or opportunities of the *Institute*, and unless and until I provide written notification to the *Institute* to the contrary.

6. Consent to Medical Treatment

I agree that the *Institute* (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but has no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.

I have read this waiver, release and consent and understand that I have given up substantial rights by signing it. I am signing this waiver, release and consent voluntarily.

Signature _____ Date _____

Print Name _____

(Please fill out both sides of this form and return to: National Institute for Fitness and Sport,
ATTN: Kara Tucker, 250 University Boulevard, Indianapolis, IN 46202)

