

Hilton Head Plantation Property Owners' Association, Inc. Health & Fitness Registration Form

Please print or type your responses and return the completed and signed form to the Plantation House
or the POA Service Center, Attention: Activities Department.

Name	
Address	
Telephone Number	
Class / Activity	
Time	
Date Entering Class	
Fee	
Instructor	
Payment Date	
Place	
Check ONE	<input type="checkbox"/> I have NO physical limitations. <input type="checkbox"/> I have physical limitations and am under a physician's care. NOTE: You must obtain written consent from your physician before beginning this activity.

WAIVER FOR PARTICIPANT

Participant is aware and cognizant of the risks of physical injury associated with participation in this program and it is understood and agreed that all activity, including the use of any provided equipment, notwithstanding any consultation or instruction, shall be at the participant's sole risk. The HHPPOA shall not be liable to the participant's person or property arising out of or in connection with the participant's use of the services and facilities or the premises where the same are located, and the participant hereby indemnifies and holds the HHPPOA, its employees and agents, harmless from all claims that may be brought against them by the participant or on the participant's behalf for any such injuries or claims aforesaid. Further, in the event of an injury, I do hereby give permission and consent to authorize such first aid and/or medical and/or hospital care as may be deemed appropriate, and any and all additional expenses incurred shall be borne and assumed by the participant. I certify that I have no physical condition or disability that would make my participation in this program in any way dangerous to my health

Signature

Date