



ARCC

Aurora Recreation Community Center

404 Green Blvd. (U.S. 50)

Aurora, IN 47001

812-926-2311

Historic Home of the Aurora High School "Red Devils"

Self Defense Class Registration

Name: _____

Phone: _____

Email: _____

Cost:

If signed up before
1/27/17 \$15 a person

Additional People Registering:

After 1/27/17:

\$25 for non-members

\$15 for members

Total amount owed: _____

Payment Received: _____

Classes will be held Wednesdays 6-7 pm beginning 2/22/17.

Session will be 6 weeks long.

Can Pay by cash/check/credit card. Please mail checks only.

Send to

ARCC

404 Green Blvd

Aurora, IN 47001

Self Defense Class Waiver

Waiver of Liability and Release Form

In consideration of being permitted to utilize ARCC facilities, services, and programs, the undersigned, for himself or herself and any of their children, personal representatives, heirs, and the next of kin; hereby acknowledges and agrees that he or she has, or immediately upon entering will inspect and carefully consider such premises and all facilities and equipment thereon and accepts the same as being safe and reasonably suited for the purpose of participation as a player. The undersigned acknowledges that there is an inherent risk of injury in participating in sporting, exercise, and other activities offered by ARCC. The undersigned hereby releases, waives, discharges, and covenants not to sue the ARCC or the City of Aurora, its directors, officer, employees, and agents from all liability to the undersigned, his or her spouse, and his or her children, whether caused by negligence of ARCC or otherwise while undersigned is engaged in activities in, upon, or about the premises and facilities or equipment, or while participating in any program affiliated with the ARCC. The undersigned agrees to indemnify and save and hold harmless the ARCC and the city of Aurora from any loss, liability, damage, or cost they might incur due to the undersigned's presence, in, upon, or about the ARCC premises whether caused by negligence of the ARCC or otherwise.

Parent or Guardian Signature _____ Date: _____

PRINTED NAME _____ (If under 18)

Participant's Signature: _____ Date: _____

PRINTED NAME _____