



Extreme Bronco Challenge Participation Form

Name (Last) _____ (First) _____

Local Address: _____

Phone: _____ Email: _____

WMU Student: _____ Faculty/Staff/Alumni: _____

Waiver of Liability

I know that participating in fitness classes can be physically demanding and a potentially dangerous activity. I am medically able and properly trained to participate. I agree to abide by any decision of the fitness instructor/personal trainer relative to my ability to safely complete the class. I assume all risks associated with participation including, but not limited to, falls, contact with other participants and conditions of the activity room(s), equipment or bicycles. Having read this Waiver and knowing these facts and in consideration of my entry being accepted to the fullest extent of any applicable law I, for myself, and anyone entitled to act on my behalf, all fitness instructors, personal trainers and university recreation employees, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these classes. In addition, I grant permission to all the foregoing to use my photographs should be taken during special events for any legitimate purpose.

Participant's Signature: _____ Date: _____

Office Use Only... Please Do Not Write Below This Box

Extreme Bronco Challenge

- Student/Faculty/Staff with SRC Access \$65.00 _____

(Participant MUST have SRC access. If they do not have access, they must activate their membership and then they can register for the program)

_____ Cash _____ Check _____ Credit

\$_____ **Total Amount Collected**

_____ **Staff Initials**