The Office of Recreational Services offers small group training for all skill levels and ages. Sessions are taught by certified trainers and instructors. It is highly recommended that participants attend each session; there will be no make-ups unless the session is canceled due to weather or other extenuating circumstances. *Payment is due at the time of registration.*

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Current Status (student/member)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Email</td>
</tr>
<tr>
<td>Age</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class</th>
<th>Day</th>
<th>Time</th>
<th>Dates</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Fitness</td>
<td>Tuesdays &amp; Thursdays</td>
<td>6:15-7:15am</td>
<td>Oct 4 – Nov 4</td>
<td>$50 student $75 member</td>
</tr>
<tr>
<td>Women on Weights</td>
<td>Mondays &amp; Wednesdays</td>
<td>5:15-6:15pm</td>
<td>Oct 3 – Nov 4</td>
<td>$50 student $75 member</td>
</tr>
<tr>
<td>Powerlifting 101</td>
<td>Mondays and Wednesdays</td>
<td>8:00-9:00pm</td>
<td>Oct 3 – Nov 4</td>
<td>$50 student $75 member</td>
</tr>
</tbody>
</table>
Recreation Liability Release
The University of Toledo Office of Recreational Services

Emergency Contact: Name: _____________________________ Relation: ________________ Phone: _________________________

The undersigned, in consideration of his/her voluntary participation in activities of the University of Toledo’s Office of Recreational Services involving the use of its facilities and equipment, understands and assumes the risk of any injuries to his/her person, including death, or damage to his/her property which may result from his/her participation in such activities or arising from the use of the Office of Recreational Service’s equipment or facilities.

The undersigned, on behalf of his/her heirs, executors, administrators and assigns, hereby waives, releases and discharges the State of Ohio, The University of Toledo, it’s trustees, officers, employees and agents from any and all claims, demands or causes of action for loss, cost, injury or damage whatsoever arising from or out of the undersigned’s participation in the Office of Recreational Services’s programs or the use of its equipment and facilities.

________________________________________
Participant, if 18 or older or a UT student, please print & sign your name above.

Date

PARTICIPANTS AGE 17 AND YOUNGER: (Any registered UT student may sign for his/herself.)

____________________________________________________________
Parent or Legal Guardian, please print & sign YOUR name above.

Date

Parent/Guardian Phone(s) #: ______________________________________

REFUND POLICY - CHECK POLICY

• Refunds are mailed in the form of a The University of Toledo check; processing takes about four weeks.
• If a RocketFit session is cancelled or rescheduled by the Office of Recreational Services, registrants will receive a voucher good toward the same class held at a future date within one calendar year or receive a full refund. (University of Toledo refunds can take up to eight weeks)
• If a RocketFit session is cancelled by the Office of Recreational Services, the class will be made up at a later date.
• If a registrant drops a session with at least five days’ notice, s/he will receive a voucher or refund less a $15 processing fee.
• If a registrant drops a session with less than a five day notice, no credit or refund will be issued.
• Refunds or make up sessions will not be given for missed sessions.
• Participants who fail or fail to attend all sessions of a certification class will not receive a credit or a refund.
• RocketFit session participants must contact the instructor two hours prior to the scheduled lesson in order to reschedule. If the participant does not contact the instructor within this time frame, the participant forfeits that class
• RocketFit session are considered a no-show 15 minutes after the scheduled start of the lesson. After this time frame participant forfeits that class.
• The Office of Recreational Services reserves the right to ask for additional ID for any payment. The Office of Recreational Services reserves the right to contact agencies supporting a personal check to verify sufficient funds. Checks will not be accepted from individuals who have had returned checks anywhere/anytime at UT. Refunds will only be processed after the check has cleared.
• To drop or reschedule a session and for questions; contact Logan Longman @ 419.530.3866 or logan.longman@rockets.utoledo.edu
• Office of Recreational Services Fax: 419.530.3710

* OFFICE USE ONLY* - Method of Payment (check one):

☐ Check: payable to The University of Toledo - check # ______________________

☐ Cash

☐ VISA or MasterCard – name on card: ______________________________________

Amount Paid: _____________ Date Paid: _____________ Staff Initials: ______

Confirmation Sent On: _____________ By: ______________

☐ Spoke with participant
☐ Message left with someone else
☐ Message left on voice mail/answering machine
☐ E-mail message was delivered
☐ Could not reach by phone or email

Note to Instructor: Make additional comments on registration cover letter