

# Chinese Calligraphy Club (CCC) in Laguna Woods Village

## 2021 Activity Enrollment and Waive of Liability Agreement

Effective date from **the day you enrolled any of the activity in the year**. All program attendees must sign this form:

I, we, \_\_\_\_\_, hereby register to participate activities in Chinese Calligraphy Club at a GRF facility and to use the facilities, here agree to waive the right to make any claim for any injuries or damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation or transportation therewith in the activity or activities, against The Chinese Calligraphy Club registered to GRF, **the Golden Foundation of Laguna Woods (GRF)**, a California Non-profit Mutual Benefit Corporation, and **Village Management Services (VMS)** and each of their respective directors, officers, employees, volunteers, agents, successors and assigns (all collectively referred to as "GRF releases").

I am aware that the use of the GRF facilities present a risk of injury to me. I, we on behalf of myself (ourselves), my (our) personal representatives, heir and next of kin, respect and agree as follows:

I, we understand that the use of the facilities, equipment, service, programs and premises includes an inherent risk of injury to persons and property;

I, we agree that all exercises, activities, and use of facilities, equipment and services, programs and premises are undertaken by me (us) and at my (our) sole risk.

I, am (or we are) in good physical condition and have no disabilities, diseases, illnesses, or other conditions that could prevent me (us) from the activities, and using the facility and without injuring myself (ourselves) or impairing my (our) health.

I, we further understand that the Chinese Dance Club, GRF and VMS do not provide any form of insurance for program participants.

Signature: \_\_\_\_\_,

Print: \_\_\_\_\_;

Name in Chines: \_\_\_\_\_.

Contact Phone #: \_\_\_\_\_ (mobile); home: \_\_\_\_\_

email: \_\_\_\_\_

Date: \_\_\_\_\_. For couple (husband and wife) application, please have both of you signed.

In case of emergency: Notice my family member(s): (please print)

1. \_\_\_\_\_ (name), Phone: \_\_\_\_\_, relationship: \_\_\_\_\_

2. \_\_\_\_\_ (name), Phone: \_\_\_\_\_, relationship: \_\_\_\_\_

My doctor(S):

1. Name: \_\_\_\_\_, Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_, Phone: \_\_\_\_\_

Activity : \_\_\_\_\_, Date: \_\_\_\_\_. Proof of payment: \_\_\_\_\_