

## Walk in Registration Form

Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ (optional)

Parent Email: \_\_\_\_\_

**Parent Rider? Yes No**

**Volunteer to help club? Yes No**

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Rider Name: \_\_\_\_\_

Rider Birthday \_\_\_\_\_

Rider Email (optional): \_\_\_\_\_

Rider Level: (Optional: tested by USA): \_\_\_\_\_

Allergies / Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Terms and Conditions

In consideration of the Snoqualmie Valley Unicycle Club, the Unicycling Society of America, Inc., the Snoqualmie Valley School District, and all other sponsors, agents and representatives organizing and conducting unicycling activities for the club and allowing the participant(s) to participate in club events, I hereby waive, release and discharge forever all above said organizations and its sponsors, agents, representatives, and participants from all claims, demands, rights and causes of action of whatsoever kind and nature arising directly from any known or unknown, foreseen or unforeseen, bodily and personal injury, damage to property and consequences thereof resulting from participation in club activities. I assume all risks of injury or mishap resulting from participation and covenant not to sue the parties for said injuries and/or damage. I also permit you to provide, furnish or engage emergency medical treatment to me or my child(ren).

I give permission for the use of participant's name and/or picture in any broadcast, telecast or other account of club activities. I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I certify that the rider(s) listed above have no medical or physical conditions which could interfere with his/her safety in this activity. I authorize qualified emergency medical professional to examine and in the event of injury or serious illness, administer emergency care to the above named participant. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for adult staff in charge to obtain emergency care for participant, neither she/he, SVUC nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

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Printed Name of Rider/Legal Guardian

Signature

Date

**Costs: 1 Rider: \$45, 2 Riders \$75, 3 Riders \$105, 4+ Riders \$135**

**Make checks payable to SVUC. We cannot accept cash.**