



Vang Council of La Crosse  
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La Crosse, WI 54603  
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**VCL Exercise Program (Line Dancing)  
Participant Registration Form**

Name \_\_\_\_\_ M / F DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

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

Name

relationship to participant

Phone number: \_\_\_\_\_

**READ VERY CAREFULLY**

I, \_\_\_\_\_, hereby acknowledge and agree to the following terms and conditions:

**Registration Fee:** I understand that VCL may collect a fee of \_\_\_\_ for my participation in this program. The fee ensures my participation and helps VCL cover facility rental costs and other necessary program expenses.

**Assumption of Risks:** I understand and acknowledge that there are inherent risks associated with engaging in fitness and physical activities, including but not limited to the use of exercise equipment and Participation in program activities. These risks may include the risk of severe bodily injury or death.

**Voluntary Participation:** I voluntarily choose to participate in the fitness and physical activities provided by the Vang Council of La Crosse. I understand that my Participation is entirely voluntary and that I can refrain from participating at any time.

**Release of Liability:** By signing this agreement, I knowingly and voluntarily assume all risks of liability, loss, illness, death, or injury caused or arising out of any use of the facilities or Participation in any activities provided by Vang Council of La Crosse. I release Vang Council of La Crosse, its owners, employees, agents, and affiliates from any claims, damages, or liabilities arising from or in connection with my Participation in the activities provided.

**Responsibility for Health:** I acknowledge that I must consult with a physician or other healthcare professional before beginning any fitness or physical activity program to ensure that I am in good Health and can safely participate.

**Safety Precautions:** I agree to follow all safety guidelines, instructions, and rules provided by the Vang Council of La Crosse and its staff while participating in any activities. I understand that failure to adhere to these guidelines may increase the risk of injury or harm to myself and others.

**Emergency Medical Treatment:** In an emergency, I authorize the Vang Council of La Crosse and its staff to seek emergency medical treatment on my behalf if deemed necessary. I understand that the Vang Council of La Crosse will make reasonable efforts to contact me or my emergency contact before seeking medical treatment. Still, such efforts may only sometimes be possible in an emergency.

**Consent to Photography:** I consent to the use of photographs, video recordings, or other media taken during my Participation in activities provided by the Vang Council of La Crosse for promotional or marketing purposes without compensation.

**Consent to Performance:** I understand that by joining this program, I may be asked to perform dances I have learned at various venues and events on behalf of the Vang Council of La Crosse. Performance is voluntary and optional. If I agree to perform, I will be responsible for covering my own costs related to costumes, travel, and any other necessary expenses required for participation.

I have read and understand the terms of this agreement, and I voluntarily agree to be bound by its terms and conditions.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_