

HILL COUNTRY CLOGGERS OF HOOSICK, NY, INC.
P O BOX 204, CROPSEYVILLE, NY 12052

WAIVER AND RELEASE FOR 2021

I, hereby, agree to participate in the clogging instruction and programs given by the Hill Country Cloggers, whether at the Hoosick Falls or Brunswick location and I affirm that:

I am physically capable of participating in a vigorous cardiovascular exercise program in light of my health history, weight and general physical condition.

I recognize the risks of illness and injury inherent to any dance class and/or demonstration. I am participating in these programs fully aware of potential risks involved.

I, hereby, waive and release the Hill Country Cloggers, its' agents, servants, officers and/or members from any and all claims and costs liabilities, expenses or judgments, including attorney fees and court costs arising out of my participation in the program(s) of the Hill Country Cloggers, as well as, any illness or injury resulting there from. I, hereby, further agree to hold blameless the Hill Country Cloggers and all previously mentioned persons from and against any and all claims made.

I, hereby, execute and deliver this Waiver and Release to permit my participation in classes and programs.

Participating Person's Name: Thomas Poole
(please print)

Date of Birth: 08-06-1958

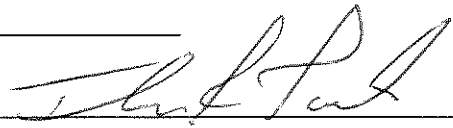
Mailing Address: 22 Wisconsin Ave
Rensselaer, New York, 12144

Home phone: _____ Work phone: _____ Cell phone: (518) 225-9288

E-mail address: tpoole@hillcountrycloggers.org

Emergency contact person: Name: Tina Koonz Phone # (518) 477-5105

Relationship: _____

Signature: 
(Participating person, if a minor, parent or guardian must sign)

Date: 10-05-2020

Amount received: ck # _____ cash \$10.00