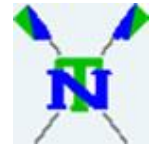




FALL ON-THE-WATER ROWING CLASSES
EXPERIENCED ROWERS
 September 6 – October 27, 2017



These sessions are for women rowers with prior on-the-water experience that are seeking a recreational or competitive rowing experience. You will row on the North Shore Channel of the Chicago River. *Wear tight-fitting shorts (biker-style) and a T-shirt, and bring a water bottle.* Please arrive 15 minutes early to warm up and stretch prior to all classes. You will be notified of your class enrollment by e-mail. Location: Dammrich Rowing Center (DRC), 3220 Oakton Avenue, Skokie. No refunds. All participants are expected to know how to swim.

#173-636 Wednesdays, 9-11 am (Sept. 6, 13, 20, 27; Oct. 4, 11, 18, 25) \$280 = \$ _____

#173-637 Fridays, 9-11 am (Sept. 8, 15, 22, 29; Oct. 6, 13, 20, 27) \$280 = \$ _____

If signing up for “mix and match” pro-rate class fee at \$35 per class = _____ classes x \$35 = \$ _____

Deduct \$35 for complimentary class* - \$35

Total = \$ _____

Name _____

Address _____ City _____ Zip _____

Phone: Home _____ Cell _____

E-mail address _____

MAIL with check or credit card information to: NTX, 7 Happ Road, Northfield, IL 60093; OR FAX with credit card information to: (847) 446-6614. **Register online at www.newtrierextension.org VISA/MasterCard/Discover (no American Express):**

Card # _____ - _____ - _____ Exp. Date ____ / ____

WAIVER

I agree on my behalf, to the waiver, hold harmless, and indemnification terms and all other terms included on reverse side of this registration form.

Signature _____ Date _____
 (Signature REQUIRED to process registration)

Emergency Contact _____ Phone _____

New Trier Extension Waiver, Hold Harmless, and Indemnification Terms

I recognize and acknowledge that there are certain risks of physical injury to participants in the course or courses identified on page 1 of this registration form (the "Course"), and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I or my minor child/ward sustain as a result of participation.

I release and discharge New Trier Township High School District No. 203, the New Trier Extension Program, including the Board of Education, its members, employees, agents, and volunteers ("New Trier High School") from any and all claims from injuries, including death, damages, or losses which I or my child/ward may have or which may accrue on account of participation in the Course.

I further agree to indemnify, hold harmless, and defend New Trier High School from any and all claims resulting from injuries, including death, damages, and losses that I or my child/ward sustain arising out of, connected with, or in any way associated with the activities of the Course.

It is my express intent that this waiver and release shall bind the members of my family, spouse, heirs, assigns, and personal representatives and shall be deemed as a release, waiver, discharge, and covenant not to sue New Trier High School.

In the event of an emergency, I authorize New Trier High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my child/ward's immediate care and agree that I or my child/ward's will be responsible for payment of any and all medical services rendered.

I have read and understand the registration form, including the warning of risk, assumption of risk and waiver and release of all claims.

If any term, covenant, condition, or provision of this registration form is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.