

## **Mommy-Moves! Registration Form 2008**

**Name:**

**Age:**

**DOB:**

**Street Address:**

**City/State:**

**Phone:**

**E-Mail (please print clearly):**

**Child(rens) Name(s) and age(s):**

**How did you hear about us?**

**Do you want a TEXT MESSAGE sent to you if there are cancelled classes due to weather? If so, please give us your cell #:**

Please indicate if you have any medical conditions both currently, or in your past including high blood pressure, heart disease and/or pain in your chest or heart:

Do you have any physical limitations or is there any good physical reason why you should not exercise regularly? If so, please explain:

How many times per week can you **realistically** exercise and for how long each session?

What prior exercise experience do you have and how long ago was it?

What are your GOALS!

Please read and sign waiver on reverse side

**Agreement of release and waiver of liability for LS-Fitness and Mommy-Moves! Classes and Workshops.**

I, \_\_\_\_\_, hereby agree to the following:

1. I am participating in the health & fitness classes, programs and/or workshops offered by LS-Fitness, including but not limited to Mommy-Moves workshops and classes with my child, (collectively, LS-Fitness) (name of child) \_\_\_\_\_, during which I will receive information and instructions about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that this activity will place stress on my muscular and cardiovascular systems. I understand that I am to only do movements that I am physically capable of executing.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation and that of my child in the health & fitness classes, programs and/or workshops. I represent and warrant that I am physically fit and I have no medical condition(s), which would prevent my full participation. I agree to notify LS-Fitness regarding any physical condition that myself, or my child may have which could be affected by my/our participation in any LS-Fitness class, program or workshop.
3. In consideration of being permitted to participate in the health and fitness classes, programs and/or workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I or my child may incur as a result of participation. I also agree that I am solely responsible for supervising and guarding the health and safety of my child at all times.
4. In further consideration of being permitted to participate in the health and fitness classes, programs and/or workshops, I knowingly, voluntarily and expressly waive any and all claims of any nature that I may have against LS-Fitness, for any injuries or damages that myself or my child may sustain as a result of participation.
5. I hereby release to LS-Fitness any and all video photographs or media information taken at any LS-Fitness class of myself or my child for marketing or instructional purposes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_