

## **Mommy-Runs Registration Form Spring 2008**

Please make check payable to LS-Fitness

Name:

Age:

DOB:

Street Address:

City/State:

Phone:

E-Mail (please print clearly):

**Please circle which run you are  
participating in:**

**Beginner 5K Run**

**Intermediate 5 Mile Run**

**Please explain any running experience in detail.**

**What are your running goals? (complete a race, improve your technique, overall better health)**

**Do you have any long term running goals? If so what?**

**Have you ever participated in a running program/clinic? If so explain your experience**

Please sign waiver on reverse side, thanks! ☺

## **Agreement of release and waiver of liability for LS-Fitness 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, (“LS-Fitness”) 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 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 I 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 may incur as a result of participation.
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 I 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 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.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

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

Email Address: \_\_\_\_\_