

Registration Form
Please complete below

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home: _____ Work: _____ Cell: _____

Email: _____ DOB: _____

In case of emergency contact: _____

Relationship: _____ Home: _____ Cell: _____

Please read the section below and check next to the items that apply to you:

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **Yes No**
- Do you feel pain in your chest when you do physical activity? **Yes No**
- In the past month, have you had chest pain when you were not doing physical activity? **Yes No**
- Do you lose your balance because of dizziness or do you ever lose consciousness? **Yes No**
- Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? **Yes No**
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? **Yes No**
- Do you know of any other reason why you should not do physical activity? **Yes No**

If you marked **Yes** to any question, talk with your doctor BEFORE you start your exercise class about the question(s) you checked. Tell your doctor about the class you wish to participate in and follow his/her advice. **Please provide a note from your doctor to your fitness instructor BEFORE beginning your class.**

If you **DID NOT** check any boxes above, you can begin your exercise class without consulting your doctor. Remember, it's still always best to keep your doctor informed of your exercise program.

****Please note: if your health changes and any of the health conditions listed above begin to apply to you, you must tell your fitness instructor.**

OUTFIT MARIN

GET OUT. GET FIT.

Waiver

Each participant in the OutFIT Outdoor Fitness classes assumes personal responsibility for conducting activities and using equipment in a proper, safe, and recommended manner. You are encouraged to modify all classes in terms of intensity and impact to meet your current fitness needs and conditioning level.

I hereby acknowledge that participation in OutFIT Outdoor Fitness classes involves an inherent risk of physical injury or loss that might be sustained by me. I assume all risk of injury and loss that may be suffered by me and release and forever discharge Keli Honsberger from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from my participation in or involvement with this Program or presence including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton conduct of Keli Honsberger.

Participant's Signature: _____ Date: _____