



Month Unlimited
Group Fitness Registration
April 2- May 10

Participant Information: PLEASE PRINT

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency contact:

Name: _____

Relationship: _____ Phone: _____

Participant Status

Fee

Method of Payment

_____ Mount Community _____ \$20.00

_____ ARCC Member _____ \$30.00

_____ Non-Member _____ \$40.00

- Check # _____
* payable to Mount St. Mary's University
Cash

Assumption of Risk and Waiver

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results not limited to abnormal blood pressure, fainting, heart attack, or death. I assume all risk for my health and well-being, and hold harmless of any responsibility or liability all certified group fitness instructors of Mount St. Mary's University and /or any person involved with these programs and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: _____ Date: _____

Witness: _____ Date: _____

*Group fitness class payments are non-refundable.