

REGISTRATION FORM SEPT 24-Oct 29

Name: _____

Email: _____
(I consent to receiving emails regarding classes)

Phone: _____

I, _____, understand that there are potential risks assumed with undertaking any form of physical activity. I will be using exercise equipment and could be exposed to accidents. I will be exposed to cardiovascular, strengthening, and flexibility exercises, and could be exposed to an injury. This could include straining or even tearing a muscle, including heart strain, although care will be taken both by myself and by others to avoid such an injury. I will inform the instructor of ANY pain or problems during these activities. At any time, I can withdraw my consent and terminate my participation in the activities described above. I hereby release and hold harmless Natasha Joy Smith, Fundamental Fitness and any associated people from any liability with respect to me or to my property, arising out of my participation in the aforementioned activities.

I have been given a Par Q form and I understand that if I answered “yes” to any question on this form it is recommended that I consult my doctor and have the Par Med X form filled out prior to beginning physical activity. If I should choose not to do so I understand that I am participating at my own risk. I understand that one may be required of me.

Date: _____

Signature: _____

*****NO CLASS OCTOBER 8*****

- 10 classes Mondays and Thursdays \$80+GST= \$84
- Once a week 5 classes \$50+GST= \$52.50
- Drop in \$12.85+GST= \$13.50

MAIL TO: FUNDAMENTAL FITNESS BOX 219 MARCHAND MB R0A 0Z0
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