

# Fitness Class Registration Form



(Please Print)

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**SU Affiliation:** STUDENT / FACULTY / STAFF / ALUMNI / RETIREE / SPOUSE / PUBLIC  
(Circle One)

**Program(s):** Cardio Training / Pilates / Tango  
(Circle One or More) Yoga / Zumba / Martial Arts - Other \_\_\_\_\_

**Program Start Date:** \_\_\_\_\_ **Class Day(s)/Time** \_\_\_\_\_

I, \_\_\_\_\_, understand that participation in this program is on a voluntary basis, and acknowledge that neither the University nor the Department of Intramural & Recreational Activities will accept responsibility for injuries sustained while participating in these activities. All participants are strongly encouraged to carry their own insurance for any unforeseen accident(s). I, the participant (parent or guardian if a minor), have read and understand this statement. Any information I have provided on this form is true, correct and complete to the best of my knowledge.

## RELEASE OF LIABILITY

I understand that parts of Intramural-Recreational activities may be physically demanding. I recognize the inherent risk of injury in Intramural-Recreational activities. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in any Intramural-Recreational activity. I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless Southwestern University, its employees, staff, and volunteers from all claims, including bodily injury, that I may have on my behalf that may be sustained in connection with my participation in the above mentioned activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_