



Women's Refit Class Participant Registration Form

Participant Name _____ Date _____

D.O.B. ____ / ____ / ____ Age ____ Address _____

City _____ State _____ Zip Code _____ Contact # _____

Email Address (Required) _____

Emergency Contact Name/Phone Number _____

Family Physician Name/Phone Number _____

Do You Attend A Local Church? No Yes Which one? _____

GENERAL INFORMATION

- Childcare will not be provided for this fitness class.

MEDICAL/HEALTH INFORMATION

We recommend before you begin any exercise program that you see your physician.

1. Have you ever been advised not to exercise by a medical doctor? (If yes, explain) _____

2. Do you have any of the following medical conditions? (Check all that apply) Heart Disease _____ Arthritis _____

High Blood Pressure _____ Asthma _____ Diabetes _____ Hyperglycemia _____ Joint Problems _____

Other _____

3. Are you on any medication? _____ Do you have a medical condition we should know about? _____

4. Insurance Carrier _____ Policy Number _____

Liability Waiver Release Form

Due to the physical demands of exercise, I recognize that this fitness class may involve strenuous physical activities including muscle strength training, cardiovascular conditioning, and endurance training. I understand that there is a risk of personal injury by participating in this fitness program such as muscle strains, muscle pulls, muscle tears, shin splints, heat exhaustion, knee injuries, back injuries, foot injuries, broken bones, heart attacks, and possibly death. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby RELEASE AND HOLD HARMLESS HILLCREST BAPTIST CHURCH, its members/officers, agents, and employees of and from any claims, demands, actions, or causes of action for all injuries, disabilities, or death, that I might suffer as a result of the use of the facility or equipment therein. Whether arising from the ordinary negligence of HILLCREST BAPTIST CHURCH, or otherwise. I have carefully read this RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT and understand the terms of this agreement.

Participant Signature _____ Date _____

Parent/Guardian Signature if under 18 _____ Date _____