

# Fitness Registration Form

## Fallon County Recreation Department

Name(please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Acknowledgement of Risks: By registering for the Fitness Classes, registrant acknowledges that the activities carried on in the program carry certain risks for the participant. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risks. The registrant agrees to and does hereby release and forever discharge the City of Baker, Recreation Department, Fallon County, Baker Schools and their employees, agents and volunteers from any and all liability of damages, loss, or personal injury arising out of or related to registrant's participation in the recreation program or activity below. YOU the participant and (if under 18) the parent completely agree and will not hold FALLON COUNTY RECREATION DEPT or THE CITY OF BAKER or BAKER SCHOOLS liable for any injuries or damages both known and unknown whatsoever. You agree to comply with all terms and conditions of the Fallon County Recreation Department.

PARTICIPANT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **Please fill out the information below:**

Your personal fitness goals:

How the instructors can help you obtain your goals:

What helps to keep you motivated to continue to attend our fitness classes:

What time of day is most convenient for you to exercise?

Please list fitness class(es) that you are interested in taking:

Any classes that you would like us to offer in the future: