



## Registration and Release Waiver

*\*\*\*\*Please mail this registration and the \$75 fee to:  
Footprints Fitness, 21011 Parkwoods, South Lyon, MI\*\*\*\**

Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical or Other Concerns we should be aware of \_\_\_\_\_

Have you participated in a running program before? **Yes No**

I \_\_\_\_\_, understand that I will receive instruction about running and actively participate in running exercise. I understand that running includes physical movement and bodily exertion which may result in an accident or physical injury. In consideration of being permitted to participate in the class I hereby release and indemnify Footprints Fitness, from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the classes, without limitation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Photo Release:** I give consent for my picture to be taken and use to promote future programming of Footprints Fitness.

\_\_\_\_\_  
Signature

