Forget-Me-Not Fitness Hop

A fun community fitness event for all ages to benefit Adult Day Care of Calvert County

(For Admin Use Only)

FITNESS PARTY REGISTRATION FORM

Participant Name:

Street Address:

Zip:

Phone:

Email:

Emergency Contact/Number:

How did you hear about the Forget-Me-Not Fitness Hop Event?

[ ] Postcard [ ] Email [ ] Flyer [ ] Community Calendar [ ] Newspaper Ad

[ ] Word of Mouth [ ] Other_____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

_____I ("participant") acknowledge that I have voluntarily signed-up to participate in various fitness activities at the Forget-Me-Not Fitness Hop. **I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

_____To the best of my knowledge, information and belief, I have no physical restrictions which would prohibit my participation in Forget-Me-Not Fitness Hop fitness activities led by certified fitness instructors.

_____I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and notify a certified instructor of the symptoms.

As considered for being permitted by the organizers of the Forget-Me-Not Fitness Hop and Adult Day Care of Calvert County to participate in these activities and use the Northeast Community Center and its facilities, I forever release Forget-Me-Not Fitness Hop and Adult Day Care of Calvert County, and affiliated organizations, and their respective directors, officers, employees, volunteers, agents, contractors, representatives, or sponsors (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the forgoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND Forget-Me-Not Fitness Hop AND Adult Day Care of Calvert County AND SIGN IT OF MY OWN FREE WILL.

X X

Signature of participant signature of parent/guardian if under 18 date