

Program Registration Form

Date: _____ Course: _____ Fees: _____

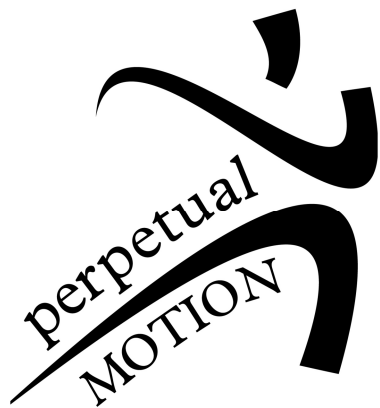
Name: _____ Gender: _____

Address: _____ Age: _____

Email: _____

(Email addresses will not be disclosed to outside agencies. Email addresses provided will be for the sole use of the Instructor and the marketing staff of A&L Get Active)

Phone No: work: _____ home: _____



Program Registration Form

Date: _____ Course: _____ Fees: _____

Name: _____ Gender: _____

Address: _____ Age: _____

Email: _____

(Email addresses will not be disclosed to outside agencies. Email addresses provided will be for the sole use of the Instructor and the marketing staff of A&L Get Active)

Phone No: work: _____ home: _____

Medical Questionnaire

- | | | |
|-----|-----|--|
| YES | NO | |
| ___ | ___ | 1. Do you have any current or chronic medical problems which are being followed by a doctor? |
| ___ | ___ | 2. Are you taking any medication? |
| ___ | ___ | 3. Are you allergic to any medications? |
| ___ | ___ | 4. Do you wish the instructor leading this program to be aware of any medical specific medical problems? |

Provide any details regarding any medical information that may affect or limit your ability to participate in this program.

Waiver and Release

I know that I am participating in a potentially hazardous activity and I should not participate unless I am medically able to do so. I realize that running is physically strenuous, that there may be adverse weather conditions and that there may be vehicles present on the course and intersections. I nevertheless wish to participate and assume any and all risks associated with participating in this activity. Knowing these facts in consideration of your accepting my registration, I hereby for myself, or for anyone else who may claim on my behalf, agree not to sue and waive, release, and discharge all persons participating in the operation of this event including without limitations A&L Get Active, A&L Get Active staff, volunteers or anyone acting on behalf of A&L Get Active for any and all claims, demands, causes of action, damages, or injuries, whether caused by negligence of the Releasee, or by any other case which may arise as a result of or out of my participation in this event. I also indemnify and hold harmless the Releasee from any liability incurred by them and caused by myself. I attest that my general health is sufficient to participate in this program without obligation or compensation to me. As part of this Waiver and Release I acknowledge that I have read and understood all of the above.

Applicant please sign here:

Date:

X _____

X _____

*signature of parent or guardian if participant is under the age of 18

Medical Questionnaire

- | | | |
|-----|-----|--|
| YES | NO | |
| ___ | ___ | 1. Do you have any current or chronic medical problems which are being followed by a doctor? |
| ___ | ___ | 2. Are you taking any medication? |
| ___ | ___ | 3. Are you allergic to any medications? |
| ___ | ___ | 4. Do you wish the instructor leading this program to be aware of any medical specific medical problems? |

Provide any details regarding any medical information that may affect or limit your ability to participate in this program.

Waiver and Release

I know that I am participating in a potentially hazardous activity and I should not participate unless I am medically able to do so. I realize that running is physically strenuous, that there may be adverse weather conditions and that there may be vehicles present on the course and intersections. I nevertheless wish to participate and assume any and all risks associated with participating in this activity. Knowing these facts in consideration of your accepting my registration, I hereby for myself, or for anyone else who may claim on my behalf, agree not to sue and waive, release, and discharge all persons participating in the operation of this event including without limitations A&L Get Active, A&L Get Active staff, volunteers or anyone acting on behalf of A&L Get Active for any and all claims, demands, causes of action, damages, or injuries, whether caused by negligence of the Releasee, or by any other case which may arise as a result of or out of my participation in this event. I also indemnify and hold harmless the Releasee from any liability incurred by them and caused by myself. I attest that my general health is sufficient to participate in this program without obligation or compensation to me. As part of this Waiver and Release I acknowledge that I have read and understood all of the above.

Applicant please sign here:

Date:

X _____

X _____

*signature of parent or guardian if participant is under the age of 18