



**COMMUNITY BOOT CAMP**

**Registration/ Waiver form**

Please Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Liability Waiver**

I hereby waive any and all claims of liability or damages that I may have, or that I might claim to have, against Know Excuses LLC, its' agents, volunteers, contractors, assigns, designees, and employees for any injuries, impairments, ailments and or conditions that I may experience as a result of participating in fitness classes. I also give Know Excuses LLC and legal representatives and assigns, the right and permission to publish, without charge, photographs taken during the class sessions. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Signature \_\_\_\_\_

Parent/Lawful Guardian (If under 18 years old) \_\_\_\_\_