



REGISTRATION FORM

Please mail completed Registration Form / Waiver plus check made payable to
Adrenaline Fitness

Please note: Adrenaline Fitness will guarantee your registration only when payment is received. Classes fill quickly so we recommend you mail payment at least one week prior to the start date of each session

CLASS TYPE: _____

DAYS: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

EMAIL ADDRESS: _____

REFUND POLICY

NO REFUNDS AFTER THE 1ST WEEK OF CLASS

PLEASE NOTE: If you registered for class online, this form must be downloaded and completed before the start of class session.

For additional information please call (313) 516-9228



**Agreement of Release and
Waiver of Liability**

I, _____ hereby agree to the following:

- 1) I am participating in the Aerobics, Body Sculpting or any other Health Programs offered by Adrenaline Fitness during which I will receive information and instruction about these classes and health. I recognize that aerobics and body sculpting require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2) I understand that it is my responsibility to consult with a physician regarding my participation in the aerobics and/or body sculpting health programs.
- 3) In consideration of being permitted to participate in the aerobics and/or body sculpting program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the program.
- 4) In further consideration of being permitted to participate in the aerobics and or body sculpting, I knowingly, voluntarily, and expressively waive any claim I might have against Adrenaline Fitness for injuries and damages that I may sustain as a result of participation.
- 5) I, my heirs or legal representatives forever waive, discharge and covenant not to sue for any injuries or death caused by their negligence or other acts.

I HAVE READ THE ABOVE WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS:

SIGNATURE OF PARTICIPANT

DATE:

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