

**POWER TO MOVE FITNESS LIVE and VIRTUAL ON-LINE
Registration and Release Form**

Welcome to classes (live and virtual on-line) with Power to Move Fitness instructed by Leda Grovestine. The following information will be kept private and confidential. It will not be shared, sold or traded. Please print your information and let us know of any changes.

Personal details:

Name (Mr./Mrs./Ms.) _____

Address: _____

Town/City/Province: _____ Postal Code: _____

E-mail: _____

Date of birth: _____ Sex: Male Female

Telephone: (H) _____ (O) _____ (C) _____

Occupation: _____

What in particular do you hope to gain through the modalities offered at Power to Move Fitness?

How did you hear about Power to Move Fitness? _____

In case of emergency:

Contact person: _____ Relationship: _____

Telephone: (H) _____ (O) _____ (C) _____

Health and Fitness Liability Waiver / Informed Consent Form

I, _____, have enrolled in a program (live or virtual on-line) offered through Power to Move Fitness. I recognize that the program (live or virtual on-line) may involve strenuous physical activity with use of equipment including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise (live or virtual on-line) program. I acknowledge that my enrolment and subsequent participation is purely voluntary and is in no way mandated by Power to Move Fitness.

In consideration of my participation in this program (live or virtual on-line), I, _____, hereby release Power to Move Fitness and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment.

I fully understand that I may injure myself as a result of my enrolment and subsequent participation in this program (live or virtual online) and I, _____, hereby release Power to Move Fitness and its agents from any liability now or in the future for conditions that I may obtain. These

conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant's signature) _____ (Date)

_____ (Witness) _____ (Date)