

Group Fitness Class Registration 2018-2019

All fields are required - Incomplete forms will not be accepted.



PARTICIPANT INFORMATION

Employee _____ Spouse/Partner _____ Early/Retiree _____ Dependent (18+) _____

First Name: _____ Last Name: _____

Healthcare ID#: _____ Date of Birth: _____

Email Address: _____ Phone: _____

FITNESS CLASS INFORMATION

Fitness Class: _____

FUSD School/Location: _____

Session (circle one): Summer Fall Winter Spring

Day of Week: _____

Class Time: _____

Instructor: _____

RELEASE OF LIABILITY

Please Check One: I am a FUSD Employee

I am NOT a FUSD employee

Full Name: _____ FUSD School/Location: _____

Date of Birth: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Your completion of this release of liability confirms acknowledgment of terms and is required prior to any and all participation in any Group Fitness/Physical Activity offered by WellPATH, Pinnacle Training Systems, Fresno Unified School District, or any agent thereof (further referred to as collectively as “the Program”).

- 1. VOLUNTARY PARTICIPATION.** I understand that my participation in *the Program* is strictly voluntary and is not a requirement of my employment with the Fresno Unified School District.
- 2. ACKNOWLEDGEMENT OF RISK/DISCLAIMER OF LIABILITY.** I represent: **(a)** my participation in *the Program*, whether I take part in activities on a group or individual basis, is at my own risk; **(b)** I understand that taking part in physical exercise, sport, fitness, and other recreational and/or physical activity comes with an inherent risk of injury, illness, or even death; **(c)** I am in good physical condition and am capable of engaging in my intended course of exercise in a safe and healthy manner; **(d)** I fully understand the risks inherent in undertaking a course of physical exercise and acknowledge that it is exclusively my responsibility to seek medical evaluation and clearance from my own physician before engaging in any physical exercise. I hereby attest that I have informed *the Program* of all medically related conditions that pertain to my health **(e)**. I agree to indemnify, hold harmless, and defend *the Program* from liability for injury or death of any person(s) and damage to property which may arise from my participation in *the Program*.
- 3. EMERGENCY CARE.** In the event that I am physically injured or otherwise require emergency care during my participation in *the Program*, I assume full financial responsibility for payment of any and all medical services, including but not limited medical diagnosis and treatment. I further authorize *the Program* to contact/inform the Emergency Contact listed above of any emergency medical situation arising from my participation in *the Program*.
- 4. PHOTO RELEASE.** I hereby grant permission to *the Program* to photograph me, either still or video. I further grant permission to edit, crop, or retouch said photographs and waive any right to inspect the final photographs. I hereby consent to the use of said photographs worldwide for any purpose, including educational, informational and for advertisement purposes, in any medium, including print and electronic, with or without associating names thereto. I further acknowledge that may I have been promised no compensation for said photographs, and waive any claim for compensation of any kind from *the Program* for their use.

I acknowledge that I have read this Release of Liability and that I assume all risk involved with or arising from any and all participation in *the Program*.

Participant Name (print clearly): _____

Participant Signature: _____ Date: _____

For questions please contact WellPATH at WellPATH@delapro.com