



Adult Registration Form 2019

Participant Information:

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

If requested, is it OK if we share your contact information with other class participants? Yes No

Emergency Contact Information:

Name: _____

Relation: _____ Phone: _____

Activities:

Please check all activities you plan to attend on a regular basis:

<u>Fitness/Sport Sessions</u>	<u>Drop In Fitness Classes</u>
<input type="checkbox"/> HIIT	<input type="checkbox"/> Drop-In Fitness
<input type="checkbox"/> Adult Volleyball	<input type="checkbox"/> Seniors Exercising Together
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Chair Yoga

Release of Liability & Assumption of Risk

The use of the premises, facilities, equipment, and services at **Ankeny First United Methodist Church** naturally involves risk of injury to you or your guest, whether you or someone else cause it. As such, you understand and voluntarily accept this risk and agree that **Ankeny First United Methodist Church** will not be liable for any injury, including, without limitation, personal, bodily or mental injury, economic loss or any damage to you, your spouse, guests, unborn child, or relatives resulting from the negligence of **Ankeny First United Methodist Church** or anyone on **Ankeny First United Methodist Church's** behalf or anyone using the facilities.

Signature: _____ Date: _____