

# Kickboxing Class

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

Birth Date: \_\_\_\_\_

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

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

**In order to participate, all participants must read this statement before signing their name to the class roster.**

In registering as a participant, and in consideration of being permitted by Lynchburg College to participate in the Group Fitness program, I voluntarily agree to assume all risks in and incidental to participation in intramural activities. Moreover, I release Lynchburg College, its officers, employers, agents, assistants, and successors from all claims of damage, demands, and actions whatsoever, whether such damage be known or unknown. This also includes attorney's fees in any matter arising out of or resulting from or in connection with my participation in Lynchburg College's Group Fitness program.

In registering as a participant, and in consideration of being permitted by Lynchburg College to participate in the Group Fitness program, I understand that my name and picture may be used to ONLY promote the Lynchburg College Group Fitness program and its events and activities. I release the Lynchburg College Group Fitness program from all forms of claims relating to the use of my name and picture. Furthermore, I give the Lynchburg College Group Fitness program my permission to use my name and picture when promoting its program.

I have full knowledge of risks involved in this activity, and I am physically fit and sufficiently informed to participate. I fully state that I am personally responsible for all risks of injury of damage to person or property in any way arising out of my participation in this activity.

**To participate in the Group Fitness program, each participant must be a current Lynchburg College student or staff/faculty member. A valid Lynchburg College ID is required to participate and must be presented before each activity.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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