

## REGISTRATION FORM

NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_



PLEASE CHECK ONE: \_\_\_\_\_ STUDENT \_\_\_\_\_ FACULTY \_\_\_\_\_ STAFF

T-SHIRT SIZE \_\_\_\_\_ Adult Sizes (S, M, L, XL, XXL)

Prior Participant: NO YES (please circle: Spring '10 Fall '10 Spring '11)

*Prior to beginning any workout program you should consult your physician.*

In consideration of permitting me to participate in the Get Fit, Stay Fit! Program, on behalf of myself, my heirs, executors and assignees, I hereby waive and release any and all rights and claims for damages which I may have against Bradley University, the administrators, successors, and assignees for any and all injuries which I may incur while participating in the Get Fit, Stay Fit! Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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