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 assigns, I hereby waive and release any and all rights and claims for damages which I may have against Bradley University, the administrators, successors, and assigns for any and all injuries which I may incur while participating in the Get Fit, Stay Fit! Program.

Signature ________________________  Date _____________________

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 assigns, I hereby waive and release any and all rights and claims for damages which I may have against Bradley University, the administrators, successors, and assigns for any and all injuries which I may incur while participating in the Get Fit, Stay Fit! Program.

Signature ________________________  Date _____________________