

healthy FUTURES

education and fitness for a healthy today and an independent tomorrow.

REGISTRATION:

Balance, Posture, Gait ____

Nordic Walking _____

Stretch and Strengthen _____

Name _____

Email _____

Phone _____

DOB _____

Physical limitations or health issues which may affect participation:

—

—

—

WAIVER OF LIABILITY

I _____ agree, waive, discharge, and covenant to not to sue Healthy Futures and its officers and employees from any and all liability, claims, demands, actions, and

causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by negligence of officers or employees, while participating in Nordic Walking, Stretch and Strengthen, Balance, Posture, Gait or while in, on, or upon the premises where these classes take place or are connected to.

In signing this release, I acknowledge and represent that:

I have read the foregoing release, understand it and sign it voluntarily as my own free act and intent.

I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

I hereby set my hand and seal this ____ day of month _____, in the year _____.

Signature_____

Name

Printed_____

Julie Gooding is available at Healthy Futures
401.742.4553.