

Registration and Medical Release Form

Name: _____ Phone: _____
(Please print)

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Please mention in detail any other health or medical condition(s) that you believe may be helpful for your instructor to be aware of. Things like Osteoporosis, High Blood Pressure or a Heart Condition should be noted below:

In consideration of your enrolling me as a participant of the Strength, Stretch, and Refresh program, I represent and agree as follows:

1. I understand that it is recommended that I consult with or be seen by a physician prior to exercising or participating in the Strength Stretch and Refresh program being provided by the instructor Dawn Reaves, BA at Desert Creek Fellowship.
2. I understand that certain risks may be involved in exercise, but I feel I am physically capable of participating. If I should feel sick, dizzy, short of breath, or have any type of discomfort, I will not engage in the Strength Stretch and Refresh program and will contact my doctor right away.
3. I release and hold harmless and indemnify Dawn Reaves, BA and/or Desert Creek Fellowship, Inc., its partners, Instructors, or employees, agents, and directors against any and all claims in any way connected or associated with my participation in the Strength Stretch and Refresh program. This agreement is binding on my heirs, executors, administrators, and assigns.
4. I understand that the Strength Stretch and Refresh program is a community outreach program and not intended to be a substitute for regular physical or mental health care.
5. I understand that the things I will be taught in the Strength Stretch and Refresh program are the opinions of the program instructor and I realize it is my sole responsibility to clarify and concerns with a licensed professional.
6. I understand that the Strength Stretch and Refresh program is provided to me at no charge.

Signature: _____ Date: _____