



CONTACT & DEMOGRAPHIC INFORMATION

Name: _____ Birthdate: _____ Age: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Children(s) names and ages (if applicable):

Employment Status (check one): Full Time Part Time Parent/Homemaker Other

E ducation: High School/GED Some College College Degree Graduate Degree

Marital Status: Married Single Separated/Divorced Widowed

FITNESS INFORMATION

Fitness Level (check one): Excellent Above Average Fair Not so Good

Has your physician cleared you to exercise? Yes No Are you currently pregnant? Yes No

Please list any medical conditions or concerns that may affect your ability to perform certain exercises:

Goals (Check all that apply): Pre-Baby Fitness Weight Loss Strength Flexibility

Injury Prevention General Fitness Make New Friends Fitness Information

Race Training Improved Nutrition Stamina Other: _____

List any specific training expectations: _____

Describe any physical activity or program you do now: _____

List expectations you have of the trainers/program: _____

GENERAL INFORMATION

How did you hear about SLAM Fit-mess Challenge? Internet Friend (Name): _____

Brochure/Flyer (where): _____ Other: _____

THANK YOU! We hope that you enjoy STROLLING LIKE A MOTHER FIT-MESS CHALLENGE!



SLAM FIT-MESS REGISTRATION AND INFORMED CONSENT

I, _____, desire to voluntarily participate in the Strolling Like a Mother program offered by Fit Parents of the Palouse, LLC. I understand it will include warm-up, cardiorespiratory, muscular strength, and endurance exercises, as well as flexibility and relaxation segments.

I am aware that this program will involve up to 70 minutes of increased physical activity and is designed to stress the heart, lungs, cardiovascular and circulatory systems, muscles, joints, ligaments, and tendons in an attempt to improve muscular strength and cardiovascular fitness. Fit Parents of the Palouse, LLC, and the instructor advised me to consult my physician about my ability and my child's/children's ability to participate in this program.

I understand that I am solely responsible at all times for supervising and guarding the health and safety of myself and my child/children. I agree to notify the instructor before engaging in any program activity whether I or my child/children may have any physical or mental condition that could possibly be affected by our participation. I further agree to notify the instructor immediately during any program activity whether I or my child/children experience any physical or mental condition that could possibly affect our continued participation. Furthermore, I will alert the instructor if I am or become pregnant.

I assume the risk of and take full responsibility for any injury, either mental or physical, or property damage and/or loss that I or my child/children may sustain while participating in the program. I agree that, to the fullest extent permitted by law, I will hold Fit Parents of Palouse, LLC, and all of its instructors, officers, employees, members, managers, agents, and assignees free from any liability for any injury or any property damage/loss sustained by my child/children or me that may result from my participation in this exercise program or my association with Fit Parents of the Palouse, LLC.

I have read and understood the above statements fully. Fit Parents of the Palouse, LLC, and the instructor have answered to my satisfaction any questions that I had about the exercise program. I understand that this is a legal document, and I acknowledge that Fit Parents of the Palouse, LLC, and the instructor have afforded me the opportunity to review the document with legal counsel before participating in the program.

Date: _____ Participant Signature: _____

Date: _____ Witness: _____

Name of Participant (print): _____

Phone: _____ Email: _____

Address: _____
