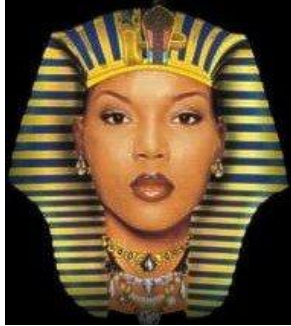


Church Lane, Randallstown, MD 21133
(410) 922-3286 // www.unionbethelamec.org
Family Health and Fitness Ministry

Nubian "Fit" Adult Registration Form



Liberate your dance spirit!

Name: _____ Cell Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ email address _____

8 Week Session Price: \$40.00. Drop-In Fee: \$7.00 per class. Classes are open to all church members and the community ages 18 years and older. Classes are sponsored by the Union Bethel AME Church's Family Health and Fitness Ministry.

Program Objectives and Procedures:

This is a dance fitness program that includes exercises to build the cardio-respiratory system (heart and lungs), endurance and flexibility. Group dance and fitness activity includes (low to moderate) intensity exercises and afro-centric movements.

Description of Potential Risks:

I understand that although the fitness instructor is certified, the reaction of the cardio-respiratory system (heart, lung, and blood vessels) to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed.

Waiver of Claim and Medical Authorization:

I understand and agree that the fitness instructor, Union Bethel AME Church and its employees, volunteers and agents are not liable for any damages that may arise from personal injuries sustained during and/ or after the Nubian "Fit" fitness program.

I _____ acknowledge that I am dancing and exercising at my own risk and I assume full responsibility for any and all of my actions during this fitness program. I agree to save and hold harmless the fitness instructor, Union Bethel AME Church and its employees, volunteers and agents from any liability or expense that may arise from my participation in this fitness program.

I am covered by medical insurance. I am NOT covered by medical insurance.

Insurance Name and Policy Number: _____

Signature of Participant: _____ Date: _____

Please print _____