

ADULT REGISTRATION FORM

Participants Name _____ Gender _____ Birthdate ____/____/____ Age _____

Street Address _____ City _____ State _____ Zip code _____

Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

Email Address _____ How did you hear about us? _____

EvolveAll Member Referral? (write member's name) _____

Program(s) of Interest:

Adult Martial Arts Cardio Rhythm Yoga Gym Basics Open Gym Grappling

Participant's Physician and Phone Number: _____

Any known Medical Conditions, if so, please explain:

If participant is under 18 years of age:

Parent or Guardian's name _____

Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

Email Address _____

Emergency Contacts:

1) Name _____ Relationship to student _____

Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

2) Name _____ Relationship to student _____

Home Phone(____) _____ Work Phone(____) _____ Cell

Phone(____) _____

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENT TO HOLD HARMLESS

The undersigned is aware that there are certain inherent risks involved in participating in an Evolve All program, including but not limited to, the risk of theft or of damage to my property and the risk of personal injury from participation in the program activities and transportation. In consideration of my being granted permission to participate in these activities and to use the facilities of Evolve All and/or other activities and services provided by its agents and employees, including food service and transportation. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Evolve All and all it's officers, departments, agencies, agents and employees from any and all claims, lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the program. I have read and understand this Hold Harmless Agreement and by my signature agree to it's terms.

PHOTO RELEASE

I hereby give my permission without restriction to the Evolve All and it assignees to photograph or videotape me during participation in Evolve All programs. I specifically waive any right to compensation with respect to my name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for any Evolve All programs.

Signature _____ Date _____