Registration

***WELCOME! Please provide the following information:***

NAME: First and Last name.

ADDRESS: Street Address, Apt #

CITY: City POSTAL CODE: Postal Code

PHONE (*cell*): Mobile phone number PHONE (*home*): Home phone number

I would like to receive group TEXT notifications\* Yes No

EMAIL: Email address

I would like to be contacted by EMAIL with class information and changes\* Yes No

I would like to receive “The BusyBody News” newsletter, weekly, by email\* Yes No

EMERGENCY CONTACT: Contact First and Last name Phone: Contact phone

***Kindly, provide this additional information (optional), so we can serve you better:***

GOALS: Click or tap here to enter text.

BIRTHDAY: Click or tap to enter a date.

How did you hear about BusyLizzy Fitness?Choose an item.

OTHER: Click or tap here to tell us more.

\*No personal information is shared with 3rd parties. You may unsubscribe at any time.

**Media Release**

The Media may be invited to take photographs and write articles about our program(s) and/or participants. Photos/videos (collectively or individually) may be taken by Elizabeth Glenday, participants and/or professional photographers and may be used for internal and community activities, displays, newsletters and other print media, and/or may be posted on internet sites and social media pages as approved by Elizabeth Glenday.

Yes, I DO permit photos/videos of me to be used

No, I DO NOT permit photos/videos of me to be used

**Liability Waiver**

Any person who participates in Fitness classes, events, trials, or other fitness services provided by Elizabeth Glenday shall do so at his or her own risk. He or she shall assume all risk involved, including but not limited to all loss or stolen property, cost, claim, injury, damage, or liability sustained while participating. Elizabeth Glenday and BusyLizzy Enterprises will not be held liable for any misfortune that may occur. By signing below, you are certifying that you are in good health and have consulted a doctor before beginning this or any other exercise program.

**I have read the Media Release and Liability Waiver.**

Signature: Enter full name or signature Date: Click or tap to enter date signed.

*Parent/Guardian to sign if participant is under the age of 18.*