



Sheila Madison & Associates' National Exercise With Your Child Week Family Fitness Kick-off Event

Date TBA
Location TBA
Sponsor Sheila Madison & Associates
Entry Fee Free and open to the public
On-Site Registration TBA
Event Time TBA

Registration Information All participants must complete this **Registration Form** and sign the **Release Form**, at the bottom of this page, to participate in the National Exercise With Your Child Week Family Fitness Kick-off Event. This event is free and open to the public.

Last Name _____

First Name _____

Address _____

City _____

Us Postal Code (Zip Code) _____

Area Code & Daytime Phone _____

E-mail _____

Gender _____

RELEASE FORM

Only Complete Registration Forms Will Be Accepted. Please eMail (info@SheilaMadison.com) or bring this form with you. APPLICATIONS WILL NOT BE PROCESSED WITHOUT SIGNATURE

I know that exercising is a potentially hazardous activity. I should not exercise unless I am medically able and properly trained. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, and all such risks being known and accepted by me. Having read the release and having agreed to its contents, I for myself and anyone entitled to act on my behalf, waive and release all promoters, representatives, agents, sponsors, municipalities and participants from claims or liabilities of any kind from my participation in this event.

Finally, I grant permission to use any photographs or recordings of this event for any legitimate purpose.

Athlete Signature (or Parent, if under 18):

_____ Date _____