

Moms with Muscle Registration Form

www.momsmuscle.com

508-208-2997

Please consult your Physician before beginning any exercise program. Must have appropriate Physician clearance at least six weeks after giving birth.

Pre-registration is necessary. Please download and/or print this form. Mail your completed application and waiver form with all membership fees (checks made payable to "Moms with Muscle, LLC") to:
Moms with Muscle, LLC, P.O. Box 359, East Bridgewater, MA 02333

If you have any questions please feel free to contact us via email at information@momsmuscle.com or by phone 508-208-2997

*One-time Registration Fee of \$45 (includes a Moms with Muscle backpack containing a water bottle, an exercise resistance tube and jump rope, a toy for your child to use during classes and coupons/discounts for local merchants)

Type of Membership (please circle one)

*Pay as You Stroll \$15

*Unlimited Monthly \$79 with a six month commitment (includes sales tax)

*10 Class Pass \$139 (includes sales tax)

Name: _____

Date: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____

Name(s) and Age(s) of Baby/Children Attending Class with You: _____

Emergency Contact and Phone Number: _____

Class Interest (check all that apply):

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

How would you rate your current level of fitness?

___ Beginner...I currently work out 0-1 time per week.

___ Intermediate...I currently work out 2-3 times per week.

___ Advanced...I currently work out 4 or more times per week.

How did you hear about Moms with Muscle, LLC? _____

Please note:

*Returned check fee \$25

*A doctor's note will be required to terminate any membership. In the event that a membership must be terminated, the participant will be charged a \$45 administration fee.

*All strollers, with the exception of umbrella strollers, are suitable for classes.

The Moms with Muscle Program is not designed to be used by participants prior to receiving clearance from their health care provider. Instructions and advice are not intended as a substitute for medical counseling. The creators, instructors, and participants of the Moms with Muscle program disclaim liability or loss in connection with the exercise and advice herein. Moms with Muscle, LLC reserves the right to make changes to its policies and program at any time. Signature on this form states that the participant has read and agrees to above terms and assumes full responsibility for themselves and their child (children).

Signature _____ Date _____

WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND ASSUMPTION OF RISK

Waiver, Indemnification, and Hold Harmless:

In consideration of Moms with Muscle, LLC allowing me to participate in any Moms with Muscle, LLC event, I do hereby release, waive, discharge and covenant not to sue Moms with Muscle, LLC its owners, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of Moms with Muscle, LLC or any of the aforementioned parties. I further agree to indemnify and hold harmless Moms with Muscle, LLC. This agreement applies to 1) personal injury; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Assumption of Risks:

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Moms with Muscles, LLC provides for activities such as strength training, toning with resistance tubing, walking, jogging, running, and aerobic activity. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction and others involve sustained physical activity, which places stress on the cardiovascular system. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Severability and Venue:

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law in the Commonwealth of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that if legal action is brought, it must be brought in the Commonwealth of Massachusetts.

Acknowledgement of Understanding:

I have read this waiver of liability, indemnification, and assumption of risks agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the Commonwealth of Massachusetts.

Signature of Member

Date