



Aerobic Atlanta

Aerobic Atlanta, Inc. is your amenities expert!

Aerobic Class Registration

Location _____

**1st come, 1st served, limited space available*

Name _____ Suite #/Company _____

Phone _____ Email _____

Circle days attending: MON TUES WED THUR FRI

___ Check here if company sponsored/no fee required

Check attached in the amount of \$ _____

Or circle one: Visa M/C AmEX

Card # _____ Exp _____ Zip Code _____

I authorize Aerobic Atlanta, Inc. to charge the above account in the amount of \$ _____

Signature _____ Date _____

Aerobic Atlanta, Inc. aerobicatlantainc@mindspring.com Phone 770.414.8416 Fax 770.693.8863

Release from Liability: I agree and represent that my participation is completely voluntary and not related in any way to my employment and that all exercises, treatment, and use of all Aerobic Atlanta, Inc. facilities shall be undertaken at my own risk, that **I am in good physical condition and physically able to undertake any and all physical exercises and treatments provided by Aerobic Atlanta, Inc.** and/or affiliated companies and/or their respective agents and employees, shall not be liable for any claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or my property arising out of, or connected with the use of any of the services and/or facilities of said shareholders and any affiliated companies and/or their respective agents and employees or the premises where the same are located and I do hereby expressly forever release and discharge said shareholders and any affiliated companies and their respective agents, instructors and employees from all such claims, demands, injuries, damages, action, or causes of action.

*** Please list health concerns (blood pressure, back/joint condition, medication, etc.) Always consult a physician before starting any exercise program. ***

I hereby acknowledge having read the above release and hereby agree to the release from liability:

Signature _____ Date _____