

## STROLLER STRENGTH REGISTRATION FORM

Name/Phone/Cell Phone \_\_\_\_\_

Child's Name/Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact/Phone number \_\_\_\_\_

How did you hear about Stroller Strength? \_\_\_\_\_

### Informed Consent, Waiver of Liability, and Photo Release

I, (name of parent or guardian), \_\_\_\_\_ am aware that Stroller Strength will involve 60 minutes or more of physical activity with my child (name of child) \_\_\_\_\_ which will place stress on my muscular and cardiovascular systems. Should the class exceed my physical ability, I understand that I am cautioned not to overwork my body and to do only the movements I am physically capable of executing. I understand that I must be in good health to participate in Stroller Strength. **I understand that before participation in Stroller Strength, I should receive medical clearance from my physician or midwife.** I agree to notify the Stroller Strength instructor regarding any physical condition that I or my child may have which could be affected by our participation in Stroller Strength.

I understand that I am solely responsible for supervising and guarding the health and safety of my child at all times. I hereby release and waive for myself, and on behalf of my child, my heirs, my executors and administrators any and all rights to claims from damages arising from any illness, injury, occurrence or aggravation to myself or my child as a result of participation in or connection with Stroller Strength, its instructors, representatives or facilities. I have read and understand Stroller Strength policies. I understand that the policies may change at any time. I hereby release any and all photographs, digital images, or video taken at Stroller Strength of myself or my child for marketing or instructional purposes.

Participant Signature \_\_\_\_\_

Today's Date \_\_\_\_\_