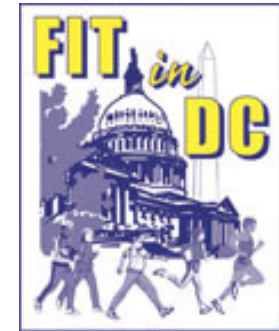


# Oh Baby! Registration, Contract and Waiver Form



**Please type or print.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

- There are 5 classes in this session at the Chevy Chase Athletic Center. The cost is \$85.00.
- Classes are to be paid for in advance. Payment must be received before registration is complete. Your space will be reserved once payment is received.
- Fees paid for classes are nonrefundable and nontransferable.
- Sessions and classes can be paid for by check, cash, or money order. A fee will be assessed for any returned checks.
- Please mail checks to 3509 Connecticut Avenue, NW #260 Washington, DC 20008
- Please email completed form to [vionna@fitindc.com](mailto:vionna@fitindc.com) or fax to 202-537-0842 (please include a cover sheet).

You are aware that you are engaging in physical exercise and that the use of exercise equipment, club facilities, training and instruction, could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury that you might result. You agree to waive any claims or rights you might otherwise have to sue Fit in DC, its owners or agents or the StillPoint for injury to you as a result of these activities. You have carefully read this waiver which states that you assume all risks of injury. You are hereby advised that you should be sufficiently physically fit for exercise activities and should have consulted a physician prior to undertaking a physical exercise program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_