



# Finney's Friday Free Stuff Promotional Registration



E-mail address	
First Name	
Last Name	
Gender	
Date of Birth	
Primary Phone Number	
Secondary Phone Number	
Address	
Emergency contact person:	
Relationship:	
Emergency contact phone number:	
Do you have any special needs that we should be aware of?	

	<b>Program</b>
<input type="checkbox"/>	Beyond Studio Cycling
<b>Promotional Registration form must be submitted by: April 30, 2015</b>	

All future registrations after the completion of the promotion are on a reoccurring basis and are billed automatically on the first day of a month/quarter. There is a requirement of 15 day notification and a completed cancellation form to terminate automatic payments of the monthly/quarterly membership.



*Sign and date the Waiver on the reverse side*

**WAIVER**

In consideration of accepting me and/or my child's entry into this program which, I accept as having inherent risks, I hereby, for myself, and/or my child, waive and release any and all rights and claims for damages I or my child may have against Team Sheep, INC. and the City of Menlo Park, all of its representatives and or successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by Team Sheep, INC..

I understand that this release is intended to discharge in advance Team Sheep, INC. from and against any and all liability arising out of, or in any way related to, my participation in activities involving Team Sheep, INC., even though liability may arise from Team Sheep INC.'s negligence or other conduct by Team Sheep, INC..

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Team Sheep, INC., its officers, directors, managers, members, agents and employees (hereinafter collectively "Team Sheep"), from any and all claims for personal injury, property damage or wrongful death, and any damages resulting there from, that may arise out of, or in any way related to, my participation in activities involving Team Sheep.

I acknowledge that physical exercise is a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in the exercise classes.

I acknowledge that I and/or my child is physically fit and has not been advised against participation in these sports by a qualified health professional.

I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

I fully understand that Team Sheep, INC. staff members are not physicians or medical practitioners of any kind. With the foregoing in mind and in the event that any kind of injury or illness should occur to me or my child, while participating in any Team Sheep event or program, I hereby authorize Team Sheep staff members to render first aid as deemed necessary in their discretion and/or to seek medical assistance, including calling 911 or otherwise arranging for the transport of me or my child to an appropriate medical facility for treatment. Additionally, I hereby authorize any trained and licensed medical professional to administer emergency medical treatment to me or my child should injury or illness occur in my absence. In the event these circumstances occur to my child, I understand that Team Sheep will make every effort to promptly notify me of any such emergency.

I am aware that pictures of myself or my child may be taken and they may be posted to the website or used for other promotional documents. The pictures will be used for the purpose of illustrating the activities.

***I have read and acknowledge the Team Sheep, Inc. Waiver***

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>	
Entered in Mindbody <input type="checkbox"/>	Date: _____
Service Center Attendant: _____	
Follow up contact <input type="checkbox"/>	Date: _____
Service Center Attendant: _____	