



**Registration Information**

NAME			TODAY'S DATE (MM/DD/YYYY)	
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	ALTERNATE PHONE		EMAIL	
DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX		
PROGRAM(S) (PLEASE INCLUDE PROGRAM NAME, DATE & TIME)				
How did you hear about us? <input type="radio"/> Friend or Family <input type="radio"/> Website Search <input type="radio"/> Email <input type="radio"/> Direct Mail <input type="radio"/> Magazine Ad/Article <input type="radio"/> Newspaper Ad/Article <input type="radio"/> Other				
Cooper Fitness Center Member:    Yes    No, but would like to learn more    No, and not interested in learning more				

**Payment Information**

*Payment is required at the time of registration.*

Please Select One:    Cash    Check    Credit Card    Charge to CFC Member Account			MEMBER #
NAME ON CREDIT CARD			
CREDIT CARD TYPE	CARD #	EXPIRATION DATE	
BILLING ADDRESS			
CITY	STATE	ZIP CODE	

**Waiver of Responsibility**

In consideration of participating in the activities, services, programs and classes of Cooper Fitness Center, and to use its facilities and equipment, I hereby agree and acknowledge the existence of certain risks inherent in the activities which take place on the Cooper Aerobics Center campus, and hereby agree to assume the full risk and responsibility for any injury I may sustain in the course of my use of Cooper Aerobics Center facilities and/or equipment. Specifically, the undersigned accepts full responsibility for, and hereby waives, releases, covenants not to sue and forever discharges Cooper Aerobics Enterprises, Inc., Cooper Fitness Center and its offices, agents, employees, representatives and all others from any and all responsibilities or liability for injuries or damages resulting from participation in any such activities or from use of equipment at said facility except for direct damages for any such injuries or damages caused by an intentional act or gross negligence by any of the foregoing. (Initial: \_\_\_\_\_)

I certify that I have read this Waiver of Responsibility and agree with all contents of the waiver. I currently have no physical infirmities or limitations that prevent me from exercising safely.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(If a minor, signature of parent or guardian)

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_