

**Group Wellness Class
Registration Form**

Class Name _____

Participant Name _____

Daytime Phone # _____ **Email** _____

Affiliation JHU-Homewood Eastern Candler Peabody Other

Day(s) Attending Monday Tuesday Wednesday Thursday Friday

Fee Paid _____ **Paid By** check cash **Date** _____

Please make checks payable to Johns Hopkins University

**Acknowledgment of Risk
Waiver/Release**

I have enrolled in a program of physical activity including but not limited to: muscle conditioning and toning, yoga, and meditation classes offered by the Johns Hopkins University Office of Benefits. I hereby affirm that I am in good physical condition and do not suffer disability which would prevent or limit my participation in the above named program.

In consideration of my participation in the group wellness classes offered by the Johns Hopkins University Office of Benefits, I for myself, my heirs and assigns, hereby release the Johns Hopkins University, its employees and instructors (independent contractors) from any claims, demands, and causes of action arising from my participation in the program named above.

I fully understand that I may injure myself as a result of my participation in the Johns Hopkins University group wellness classes, and I hereby release the Johns Hopkins University and its employees and group wellness instructors (independent contractors) from any joint sprains, broken bones, shin splints, heat exhaustion, foot/knee/lower back injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the wellness programs.

I hereby affirm that I have read and fully understand the above.

Name (printed)

Signature

Date

Return to the Office of Benefits, 1101 E. 33rd St Ste D100, Baltimore, MD 21218 or fax to 443-997-5822.