

Faithfully Fit Conference

Conference City & State:
Conference Date:

Indianapolis, IN / Traders Point Christian Church
August 27-28, 2010

Participant Registration Form

Name: _____
Address: _____
City, State, Zip: _____
Home No.: _____
Cell No.: _____
Email: _____

Saturday all Day (\$49) Please check here if you plan on attending all day Saturday which includes all classes below. Best Price!!!
Check individual classes below if you are attending partial conference.

"Step Party" (\$10)

Successful Aerobic
Ministry Outreach (\$10)

Boot Camp (\$10)

Dr. Nancy "Beauty & the
Beast" (\$10)

Yo-Gal Strength &
Stretch (\$10)

Inspirational Message on
Autism, Faith, & Fitness (\$10)

✓ Card Used: MasterCard Visa Discover American Express

Expiration Date: _____

Cardholder Signature: _____

Checks make payable to Christian Aerobic Resource. Check #: _____ Cash Notes: _____

PLEASE DON'T FORGET SATURDAY SACK LUNCH!!!!

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INFORMED CONSENT

IMPORTANT: PLEASE READ & SIGN

Informed Consent: I agree to hold harmless Christian Aerobic Resource, its company, owner, directors, employees, conference presenters, conference sponsors, & staff from any & all liability arising out of this event including, but not limited to: muscle strains, tears, pulls, broken bones, miscarriage, death, & any and all illness, or loss of my personal property.

I, _____ (*print name legibly*), understand the risks involved with participating in this strenuous event and may attest that I am in sound physical condition. I also understand that I may be videotaped, audio recorded, and photographed during this event and Christian Aerobic Resource may use the images for any & all uses. I further agree to all conditions of registration, including, but not limited to, the non-refundable registration.

x

Signature (**REQUIRED**)

Date