



**Perinatal Fitness Instructor Training Registration Form
(Prentice Women's Hospital, Chicago, IL – November 5 - 6, 2010)**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (H) _____ (W) Profession: _____

How did you hear about our training? _____

E-mail address: _____ Will you be taking the specialty certificate exam?
_____ Yes _____ No

**Training Fee: \$299 on or by 10/22/10; \$319 after 10/22/10 (includes Take - Home Specialty Certificate Exam)
Check or Money order made payable to Healthy Moms® Fitness must be included with this registration form.
If you would like to register by credit card, please call the Healthy Moms® office at the number below.**

INFORMED CONSENT: Please read the following very carefully. By submitting your registration, you hereby agree to and accept all terms and conditions listed below.

1. **REFUND POLICY:** NO REFUNDS! No exceptions. If you are unable to attend, you may transfer your registration to someone else for a \$15 transfer fee, or you may request a credit for the exact amount paid which will be issued to you redeemable as registration fee for any future Healthy Moms® training of equal price or as partial payment for any higher priced event. All requests for transfer or credit must be in writing and received in our office no later than one week prior to scheduled training, otherwise you will forfeit any amount paid in full.
2. **RETURN CHECK FEE:** A \$25 fee will be charged for all returned checks. No exceptions.
3. **PHYSICAL CONDITION CERTIFICATE:** I hereby certify that I have no physical condition or defects which would cause undue strain on any part of my body by my engaging in strenuous exercise or other similar activities that I might pursue while participating in the Healthy Moms® Perinatal Fitness Instructor Training
4. **RELEASE AND ASSUMPTION OF RISK:** I agree that by my participation in the Healthy Moms® Perinatal Fitness Instructor Training, I expressly assume all risks and full responsibility for any injuries, damages, and losses, which I may incur on or about the premises of said event. I do hereby fully and forever release and discharge Healthy Moms®, its owner, directors, employees, independent contractors, agents and any other affiliates connected with said organization from any and all claims, demands, damages, rights of action or causes of action, liability including that which may arise out of negligence or carelessness on the part of the aforementioned persons or entities present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the Healthy Moms® Perinatal Fitness Instructor Training.

AGREEMENT TO INFORMED CONSENT:

1. I acknowledge receipt of the informed consent for the Healthy Moms® Perinatal Fitness Instructor Training.
2. I have carefully read, understand, and agree to all terms and conditions in said Informed Consent.

SIGNATURE: _____ **DATE:** _____

**Mail registration with check or money order to: Healthy Moms® Fitness Programs; 505 Arbor Lane; Centerville, GA 31028.
Registration and payment must be received in our office by 10/22/10 to insure your space in the training and your course materials.
Registrations received after 10/22/10 will be processed only if space is available. For questions please call (866) 672-6667 or (478) 333-6119 or send email to Sheila@healthymomsfitness.com**