Fall 2026 Unlimited

Group Fitness Registration

September 8-December 11

Participant Information: PLEASE PRINT

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency contact:

Name: _____

Relationship: _____ Phone: _____

Participant Status	Unlimited Fee
_____ Mount Community	____ $60.00
_____ ARCC Member	____ $75.00
_____ Non-Member	____ $90.00

Method of Payment

□ Check # _____ □ Credit Card □ Cash

* Payable to Mount St. Mary's University

Assumption of Risk and Waiver

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results not limited to abnormal blood pressure, fainting, heart attack, or death. I assume all risk for my health and well-being and hold harmless of any responsibility or liability all certified group fitness instructors of Mount St. Mary's University and /or any person involved with these programs and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: _____ Date: _____

*Semester group fitness class payments are non-refundable.