

**Lean Beans: Group Class**  
16B Old Riverhead Road  
Westhampton Beach, NY 11978



### Registration and Release Form

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ inches

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Can I text you? Yes No

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any known limitations or reasons that may prevent you from  
participating in any form of exercise? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A doctor's note is highly recommended as a safety precaution to ensure you are able to participate in physically demanding activities. I ( **have** / **have not** ) provided a doctor's note of clearance to participate at Lean Beans. If I have not, I have chosen to take the risk myself.

Classes must be paid for in advance or you will not be permitted to participate. I commit to the group class times and dates included in my package (specified on invoice). I understand if I cancel, there will be no makeup for the missed class.

I have read and understand the Lean Beans policy regarding payments and cancellations. I understand the program may include physically demanding activities. I understand and accept the possible risks of injury associated with physical activities. I will not hold Lean Beans or any of the instructors liable for any injury or damage, which may occur as a result of participation in the classes. I hereby release, waive, discharge Lean Beans, Inc., its officers, directors, and employees from any and all liability to the restraints above while at Lean Beans.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_