

REGISTRATION FORM

Please print clearly and fill in the entire form. Use one form per person.

Today's Date: _____

Check if apply:

- Previously paid by phone. _____
Date of phone registration : _____
- You are re-submitting your form with a signed waiver of liability and consent.

1 EVENT

SESSION CODE: _____

SESSION: _____

DATE: _____

2 PERSONAL INFO

canfitpro ID: _____

Mr. Mrs. Miss. Ms. Dr. Last Name: _____

(It's my new last name; previously: _____)

First Name: _____ Date of Birth: MM/DD/YYYY _____

Address: _____

City: _____ Prov.: _____ Home address

Club address

Postal Code: _____ Country: _____ This is my: New address

PHONE Home: _____ Business: _____

Cell: _____ Fax: _____

Email: _____

Club Name: _____

Select the role(s) that best describes what you do:

- Owner Executive/Manager Pilates Instructor Fitness Instructor - Cycle
- Director Fitness Instructor Yoga Instructor Fitness Instructor - Aqua
- Co-ordinator Personal Trainer Fitness Consumer Allied Health Professional

3 REGISTRATION FEES

PROFESSIONAL MEMBER - \$ _____

NON-MEMBER - \$ _____

All prices are in Canadian dollars. 13% HST is extra.

If your canfitpro membership is currently expired, please add the membership renewal fee to your subtotal. Not a member? Visit www.canfitpro.com/why-become-a-member to learn about many exciting member benefits and savings.

4 MEMBERSHIP/RENEWAL

PROFESSIONAL MEMBERSHIP RENEWAL - \$78 NEW PROFESSIONAL MEMBERSHIP - \$98

All prices are in Canadian dollars. 13% HST is extra.

5 REGISTRATION PAYMENT (check all that apply)

MasterCard VISA Money Order Cheque* *Payable to canfitpro. No post-dated cheques. Returned cheques are subject to a \$25 administrative fee.

CREDIT CARD INFO: Card #: _____ Expiry Date: (mm/yy): _____

Card Holder (print): _____ CVV _____

Authorized Signature/Typed Name: _____

If you are submitting your registration form by email, Typed Name above has the same value as Signature.

6 PACIFIC AUTISM FAMILY CENTRE DONATION

\$5 \$10 \$20 \$ _____

7 TOTAL FEES

Fill in the totals from each applicable section on this form. Valid cash-value coupons and canfitpro credit notes are deducted from the grand total. Original coupons and credit notes must accompany the registration form.

SECTION 3: REGISTRATION FEES	\$
SECTION 4: PROFESSIONAL MEMBERSHIP RENEWAL NEW PROFESSIONAL MEMBERSHIP	\$
Less BRM Discount: (if applicable)	
BRM #: _____ BRM code _____	\$
Coupon code: _____	\$
SUBTOTAL:	\$
Plus 13% HST: (#88581-8328 RT0001)	\$
GRAND TOTAL:	\$

8 WAIVER OF LIABILITY AND CONSENT

To: Canadian Fitness Professionals Inc. o/a canfitpro, and its shareholders, directors, officers, employees, sponsors, representatives, agents, members, volunteers, affiliated and associated legal entities, successors, and assigns (herein called the "Organizers").

In regard to my preparation for and participation in the canfitpro Conference (herein called the "Conference"), including but not limited to the fitness activities and exercise held at the Conference, I am aware that:

a) fitness activities and exercise and the participation in the Conference exposes participants to many risks and hazards, some of which are inherent in the very nature of the training required, the Conference and fitness activities and exercise itself; others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging fitness activities and exercise;

b) as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury (even death) or property loss;

c) some of the aforesaid risks and hazards are foreseeable, but others are not;

d) I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and the possibility of personal injury, death, property damage or loss, resulting therefrom and that, accordingly, my preparation for and participation in the aforesaid fitness activities and exercise and Conference shall be entirely at my own risk; and

e) I understand that the Organizers, officers, directors, employees, independent contractors, agents, affiliated clubs, sponsors, or volunteers do not assume any responsibility whatsoever for my safety during the course of my preparation for or participation in the aforesaid fitness activities, exercise or Conference.

Release of Liability, Waiver of Claims And Indemnity Agreement

I hereby acknowledge and agree, in consideration of being permitted to participate in the Conference, as follows:

1. TO WAIVE ANY AND ALL CLAIMS, known or unknown, that I may have or may in the future have against the Organizers.

2. TO RELEASE THE ORGANIZERS from any and all liability for any and all personal injuries, loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer resulting from or arising out of my preparation for or participation in the Conference DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE ORGANIZERS, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE ORGANIZERS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF FITNESS ACTIVITIES AND EXERCISE REFERRED TO ABOVE.

3. TO BE LIABLE AND TO HOLD HARMLESS AND INDEMNIFY THE ORGANIZERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from or arising out of my preparation for and participation in the Conference.

4. The Organizers may videotape, audiotape and/or photograph me and retain the rights to use these items and may employ any or all of these for all commercial and non-commercial purposes without payment of any kind to me and without further notice to me or permission from me.

5. Each section, part, term and/or provision of this Agreement will be considered severable and fully-enforceable. In the event that any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions of this Agreement, but this Agreement shall be construed as if such invalid, illegal or unenforceable provisions had never been contained herein.

6. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and personal representatives in the event of my death or incapacity.

7. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of Ontario, Canada. Any litigation involving the parties to this Agreement shall be brought solely within Ontario, Canada and shall be within the exclusive jurisdiction of the Courts of Ontario, Canada. In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Organizers with respect to the safety of fitness activities and exercise and the preparation for and the participation in the Conference, other than what is set forth in this Agreement.

All conference cancellations must be received in writing to conferences@canfitpro.com. Cancellations received more than 60 days prior to the published start date of the event will not incur a cancellation penalty. Cancellations received between 60 and five (5) days prior to the published start date of the event will

be charged an administration fee of 15% of the total conference registration fee (plus applicable taxes). No refunds will be issued for cancellations received less than five days prior to the published start date of the event. No refunds or credits will be given for no-shows, partially used registrations, or on-site registration fees.

I provide canfitpro permission to communicate with me about their products, services, and sales offered via printed or electronic formats and by telephone (including pre-recorded voice messages) to the above phone number.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ASSUMING CERTAIN RISKS AND WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE AGAINST THE ORGANIZERS.

Signed this _____ day of _____

Signature/Typed Name of Participant

Signature of Guardian (if necessary)

If you are submitting your registration form by email, Typed Name above has the same value as Signature.