



NLTI REGISTRATION FORM

I. INFORMATION

Fill out the following form and turn in along with payment to participate in an NLTI class or activity.

PLEASE NOTE: Will Not Accept Payment Without Form.

Adult Last Name	Adult First Name
Phone No.	Email Address
Emergency Contact	Emergency Contact Phone no.

PARTICIPANT NAME	D.O.B.	CLASS/ACTIVITY	SHIRT SIZE	QTY	AMOUNT PAID
<i>example: John Doe</i>		<i>Team Speed Training</i>	<i>na</i>	<i>1</i>	<i>\$100.00</i>
TOTAL					

II. FULL WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Unless otherwise notified, participant will be registered in activity as requested. I, the undersigned, on behalf of myself or my child, understand and acknowledge that there are risks of serious personal injury when participating in any program or activity especially those involving several participants. I accept activity, participants, and assume all risks as a result of my participation or that of my child in any program or activity given by NLTI. I unconditionally hold harmless, waive, and release NLTI, its officers, employees, agents, and instructors from any and all liability, including ordinary negligence of the employees, agents, and instructors, for any damage, personal injury, or illness resulting directly or indirectly from my participation or that of my child in any program or activity conducted by NLTI. This waiver and assumption of risk shall be effective for all programs and activities in which I am currently enrolled or enroll in the future. By signing, you are declaring that you have read, understand and agree to the terms of this waiver.

Adult Signature

Date

In the event of an emergency and I cannot make arrangements for medical care at the time of an illness or injury to myself or my child, I authorize the transportation of myself or my child to the nearest licensed physician or hospital.

Adult Signature

Date