

Change your tomorrow by Moving Forward today

FITNESS CLASS REGISTRATION FORM			
Section I Regist	trant Information	Date	
Name:			
Address:			
City: Z		Zip:	
Home Phone () Cell ()			
Gender: Male Female Date of Birth Age			
Check Appropriate Box: Asian Caucasian African American Hispanic Other:			
Emergency Contact:			
Relationship Phone			
Any health conditions or medications that may limit activities:			
Email Address:			
Email Address:			
Section II	Consent		
During the course of the class of Moving Forward Milwaukee, LLC (MFM)/Above The Clouds, Inc. & Greater Galilee Missionary Baptist Church, we from time to time will take video and still photos to be used for promotional, instructional, public relation materials, social media, or any other purposed allowed by the law. Participants will not be notified a head of time if footage will be used. In addition, there is no compensation to be paid for any of the photos or videos used by MFM or Above The Clouds, Inc. & Greater Galilee Missionary Baptist Church.			
 I consent to the use of video and still photography. I DO NOT consent to the use of video and still photography. 			
I hereby RELEASE and DISCHARGE that Moving Forward Milwaukee, LLC/ Above The Clouds, Inc. & Greater Galilee Missionary Baptist Church from any and all liability, claims, demands or causes of action that you/family members may have for injuries and damages arising out of the activities, or information herein arising out of the above class. There are no medical or physical conditions that might prohibit me from participating in any MFM classes or would be against doctor's recommendation. I also understand that I may be taken out of any class(es) without prior notice if found to be endangering, threatening, or indicating acts of violence to other participants, instructors, or to any site listed above.			
By signing below, I am agreeing to the above consent and that all the information on this sheet is accurate to the best of my knowledge.			
Signature		Date	
OFFICE USE ONLY			
Class cost: \$27.50 per person Method of payment: Check or cash			

Make checks payable to: Moving Forward Milwaukee Please return form along with payment to:

Office located inside Above The Clouds, Inc. * 2432 North Teutonia Ave., Condo #2 * Milwaukee * WI * 53206 * 414-344-3019 movingforwardmilwaukee@gmail.com
