

THE CENTER FOR HEALTH PROMOTION & WELLNESS
CLASS REGISTRATION FORM

Your information

Name

MIT address

MIT phone

Home address and phone (if no MIT address)

E-mail address

class information will be sent via e-mail

Which class? (select all that apply)

- Gentle Yoga, Mondays 12 - 1 p.m.
- Gentle Yoga, Wednesdays 5:45 - 6:45 p.m.
- Mindfulness Meditation, Wednesdays 1 - 2 p.m.
- Pilates, Mondays 1 - 2 p.m.
- Work In Fitness (co-ed), Tuesdays 12 - 12:45 p.m.
- Work In Fitness for Women, Tuesdays 1:15 - 2 p.m.
- Chi Workout, Tuesdays 12:45 - 1:15 p.m.
- Kung Fu Basics, Thursdays 5 - 5:45 p.m.
- Tai Chi & Fan Form, Thursdays 5:45 - 6:30 p.m.
- Lighten Up, Fridays 1 - 2p.m.
- Prenatal Yoga, Mondays 5 - 6:15 p.m.
- Prenatal Yoga, Wednesdays 4 - 5:15 p.m.
- Prenatal Yoga, Fridays 10 - 11:15 a.m.

Method of payment (cash is not accepted):

- Check or money order enclosed, payable to MIT Medical
- Credit card payments:** Once we receive your registration form, we will e-mail you a link to our secure credit card payment service. Amount: \$_____

Refunds: A 100% refund will be offered to those who withdraw at least one week prior to the start of a class. After that time, refunds will only be given under special circumstances.

Mail registration form and payment to: Center for Health Promotion & Wellness at MIT Medical, E23-205, 77 Massachusetts Avenue, Cambridge, MA 02139-4307. When we receive your registration form, we will send a confirmation e-mail. Classes have a limited enrollment, so register as early as possible.

LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

I full recognize that there are dangers and risks to which I may be exposed by participating in wellness classes offered by the Center for Health Promotion & Wellness between **September 2008 and December 2008**. I understand that MIT does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by MIT in this activity, I release MIT (and its governing board, employees, and agents) from any and all liability, claims and actions that may rise from injury or harm to me, from my death or from damage to my property in connection with this activity. I recognize that this Release means I am giving up, among other things, rights to sue the Institution, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself. I have read this entire Release, I fully understand it and agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

releasor's signature

date