

**NORDIC WALKING CLINIC / CLASS EVENT REGISTRATION FORM**  
**Fitness & Function LLC**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Text message/mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

**Registering for clinic/class date(s):** \_\_\_\_\_

**Payment:** Cash \_\_\_\_\_ Check: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security code: \_\_\_\_\_

**Bring with you or Mail to:**

Fitness & Function LLC  
4804 NW Bethany Blvd. Suite 12 #167  
Portland, OR 97229

**Waiver and Release:** In consideration of my participation in the Nordic Walking Clinic, class or event organized and/or instructed by Fitness & Function, I, for myself, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights, claims, or damages against Fitness & Function LLC and all participating instructors, employees or agents of such, for all claims, demands, actions, or causes incident to my participation. I attest and verify that I have full knowledge of the risks involved in this event, that I assume those risks; that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity; that I am physically fit and sufficiently able to participate in this event; and that I have read and understand this waiver is a total and complete release to Fitness & Function LLC for any and all damages or injuries that I might incur as a participant.

Registration cannot be accepted without a valid signature. We may request your credit card information for Nordic walking pole rental/use (I understand that my card will be charged \$70 when NW pole is not returned). Entries from minors will only be accepted with a parent or legal guardian's signature.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent or  
Legal Guardian on behalf of minor child

\_\_\_\_\_  
Date