

**BODY SCULPT  
REGISTRATION FORM**

**Main Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ PC \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alt Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
Email \_\_\_\_\_ Female  Male

**Assumption of Risk**

Natasha Albert, associated instructors, and Body Sculpt strives to provide awareness of risk associated with each program/activity it offers. It should be understood there are risks associated to each specific activity. These risks include, but are not limited to the loss of personal property, the possibility of personal injury and physical injury to others such as muscle strains, broken bones, concussions, soft tissue damage, infectious diseases, cardiac arrest, et. Including the possible risk of severe or fatal injury. It is each individual's responsibility to ascertain whether he/she has any health conditions which makes it inadvisable to participate in that activity. We strongly recommend an annual physical exam prior to the start of any program or activity and that additional information is sought at any time a person's health status changes. Such actions are designed to ensure that participation is within one's health status/limitations. It should also be understood that the individual is responsible for any medical treatment costs which may occur as a result of participation. I also give Natasha Albert and Body Sculpt permission to use my photographs taken for promotional purposes.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARTICIPANT**

Course \_\_\_\_\_ Days & Times \_\_\_\_\_  
Starting: \_\_\_\_\_ Attending: \_\_\_\_\_  
Length: \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_

**Method of Payment**

Cost \_\_\_\_\_  
Cash? \_\_\_\_\_ Cheque? \_\_\_\_\_ PayPal? \_\_\_\_\_

\*Please make cheques payable to Tasha Albert

Classes are non-refundable once the session begins.

**BODY SCULPT with Tasha Albert Box 1943 Slave Lake, Alberta T0G 2A0 780 805 0460**