



Postpartum Fitness Class Intake Form

Mom's Name			
Baby's Name		Baby's age	
Email			
Daytime tel		Evening Tel	
Emergency contact			
How did you hear about EDF?			

\*We do not sell or share email addresses. The purpose of collecting your email address is for direct communication regarding classes in your community.

\_\_\_\_ Yes I would like to find out about new classes, contests and more by receiving the EDF e-newsletter. (The software we use allows you to unsubscribe easily at anytime.)

**EDF Postpartum Fitness RELEASE Release and Indemnity. Please read carefully.**

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby release, discharge and hold harmless Enigma Dance Factory (EDF) and their representative and agent for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in group fitness training activities and not withstanding that the same may have been contributed to or occasioned by negligence of the group fitness instructor, personal trainer or their representatives or agents. If I choose to run while pushing my child in a stroller during an EDF class, I agree to ensure that my child is at least 12 months of age, wearing a helmet and is strapped into a stroller specifically designed for running.

I, the parent or guardian, on behalf of \_\_\_\_\_ (print baby's name) myself, members of my family, my heirs, executors, administrators and assigns, hereby release, discharge and hold harmless EDF and their representative and agent for any injury, loss or damage to \_\_\_\_\_'s(print baby's name) person or property howsoever caused, arising out of or in connection with his or her taking part in group fitness training activities and not withstanding that the same may have been contributed to or occasioned by negligence of the personal trainer, group fitness instructor, personal trainer or their representatives or agents.

I witness, thereof, I have hereunder set my hand this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

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