

**THE WELLNESS INSTITUTE
REGISTRATION FORM**

Join adults of all ages in the personal development courses sponsored by the Wellness Institute. These non-credit programs are offered to enable you to broaden your horizons through education. Whether you wish to become better informed, enhance your performance, or alter your lifestyle, we have a program that will interest you. We invite you to participate in this learning adventure.

Name (Mr.) _____
(Ms.) _____

Street _____

City, State, Zip _____

Phone No. Day: _____

Eve: _____

Check here if you are a Muhlenberg College employee
(\$10 registration fee for each college employee and spouse per academic year).

COURSES

Title	Fee
_____	_____
_____	_____
_____	_____
_____	_____
Total Fee	_____

Complete and mail together with your check made payable to Muhlenberg College to:

The Wellness Institute
Linda Andrews
Muhlenberg College
2400 Chew Street
Allentown, PA 18104
(484) 664-3381

Go to page 2 to read and sign the Informed Consent Form

INFORMED CONSENT

I desire to engage voluntarily in the Activity Program provided by the Wellness Institute of Muhlenberg College.

The Program to be provided by the Wellness Institute has been described to me in detail and I am familiar with the demands inherent in this program. I am aware that the programs are strenuous and there is an inherent risk of injury. As an inducement to my enrollment, I certify to Muhlenberg College that I have spoken to my personal physician and I am not aware that I have any physical condition that would prevent me from participating in this program.

In consideration of the efforts put forth by Muhlenberg College to provide me the opportunity to participate in this program, I hereby release and discharge and agree to indemnify, defend, and save harmless Muhlenberg College, its officers, agents, program director, employees and others connected therewith, from all claims, demands damages, (including costs and legal fees), and liability whatsoever incurred by them or that I or my legal representatives have or may have against any of them arising from my participation.

I have read the foregoing and understand it. Any questions that have arisen or occurred to me have been answered to my satisfaction.

I have executed this Informed Consent intending to be legally bound.

Date

Participant's Signature

Participant's Name (Please Print)

Address

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