Registration Form –Winter 2025



Name _____

EMERGENCY CONTACT NAME

Email	Age
Winter 2025 classes will run for eight the week of March 3 rd .	consecutive weeks starting the week of January 13th and ending
freemanhealth.com/train2run or in p	ing this link (or the QR code shown above), erson at Freeman Rehabilitation & Sports Center. Payment by e first week of class. At this time we do not have an online
* Class will be filled on a first come first ser	ve basis
Please check the option you want	:
□One 8 -week adult class - \$65	
Please check class you want: ☐ Mon 5:45 pm – T2R Foundations	
rights, and causes of action of any kind or na System, their agents, servants, officers, emplo indirectly result from my participation in Free of Freeman Health System. I further agree to liability for any loss, cost, injury, or damage t	ng this class registration, I hereby waive, release, and forever discharge all claims, ture for myself, my heirs, executors, and administrators against Freeman Health bysees, directors, representatives and assigns for injury or illness may directly or man Train 2 Run classes, even if such injury or illness results from the negligence hold said parties harmless and agree to indemnify each of said persons against all o persons or property may arise by virtue of the undersigned engaging in Train 2 r physical condition to participate in this program.
Name (please print)	
Signature (If under 18, parent/guardian must sign)	Date

PHONE NUMBER