

REGISTRATION FORM (1 OF 2)

Please print clearly and fill in the entire form. Use one form per person. You may photocopy for additional registrants.

Today's Date: _____

☐ Check here if previously paid by phone. You must complete the entire form, omitting payment information, and fax or mail to Can-Fit-Pro. Submit your session requests promptly for best session selection.

Date of phone registration: _____

1. PERSONAL INFO

Can-Fit-Pro ID: _____

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr.

Last Name: _____ First Name: _____

(It's my new last name, previously: _____)

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Country: _____

This is my: ☐ Home address ☐ Club address ☐ New address

Home Phone: _____ Bus. Phone: _____

Cell Phone: _____ Fax: _____

Email: _____ Club Name: _____

Select the titles(s) that describe what you do:

- ☐ Owner/Manager ☐ Pilates or Yoga Instructor
☐ Director/Coordinator ☐ Allied Health Professional
☐ Personal Trainer ☐ Group Exercise Instructor (incl cycling and aqua)

2. REGISTRATION FEES

All prices are in Canadian dollars and do not include 5% GST.

Received by	Professional Members	Non-Members*
Sept 18	<input type="checkbox"/> \$129	<input type="checkbox"/> \$188
Oct 2	<input type="checkbox"/> \$149	<input type="checkbox"/> \$208

*Includes a one-year Can-Fit-Pro Professional Membership- a value of \$69!

3. PRE-CONFERENCE WORKSHOPS

FRIDAY, OCTOBER 16

Workshop Name	Professional Member Delegate	Professional Member Non-Delegate	Non-Member Non-Delegate*
101- Bender Method of Training™ Foundation (W/S) (3:00 PM - 7:00 PM)	<input type="checkbox"/> \$119	<input type="checkbox"/> \$159	<input type="checkbox"/> \$218
102- STOTT PILATES® Pre- and Post-Natal on the Mat (W/S) (4:30 PM - 8:30 PM)	<input type="checkbox"/> \$119	<input type="checkbox"/> \$159	<input type="checkbox"/> \$218
103- CPR Level A Recertification (6:00 PM - 8:00 PM)	<input type="checkbox"/> \$29	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
104- Live Presenter Auditions (7:30 PM - 9:00 PM)	<input type="checkbox"/> I would like to audition to be a Can-Fit-Pro presenter!		

4. SESSION REQUESTS

Fill in the session code for your first through third requests for each time slot. Refer to the session description for the session codes.

Note: Your session requests will be processed on a space available first come first served basis, based on the date your complete registration is received.

SATURDAY, OCTOBER 17

Session Time	1 st Request	2 nd Request	3 rd Request
8:00 AM – 9:15 AM	21_____	21_____	21_____
9:45 AM – 10:45 AM	22_____	Yes, I would like to attend the Featured Session: The Fitness Professional's Impact- Beyond the Physical (P. Plakas)	
11:15 AM - 12:30 PM	23_____	23_____	23_____
1:45 PM – 3:15 PM	24_____	24_____	24_____
4:00 PM – 5:30 PM	25_____	25_____	25_____
6:00 PM – 7:15 PM	26_____	26_____	26_____

5. PROFESSIONAL MEMBERSHIP RENEWAL ☐ \$49

6. REFERRAL

☐ Yes, I am new to the Can-Fit-Pro Calgary Conference

Referred by (print clearly): _____

In appreciation of introducing you to our conference, if you are new, the person who referred you will receive a \$10 gift certificate to use for any Can-Fit-Pro product or service!

7. REGISTRATION PAYMENT (CHECK ALL THAT APPLY)

☐ MasterCard ☐ VISA ☐ Money Order ☐ Cheque*

*Payable to Can-Fit-Pro. No post-dated cheques. Returned cheques are subject to a \$25 administrative fee.

Credit Card Info

Card #: _____

Expiry Date: (mm/yy): _____

Card Holder (print): _____

Authorized Signature: _____

REGISTRATION FORM (2 OF 2)

8. TOTAL FEES

Fill in the totals from each applicable section on this form. Valid cash-value coupons and Can-Fit-Pro credit notes are deducted from the grand total. Original coupons and credit notes must accompany the registration form.

SECTION 2: REGISTRATION FEES	\$ _____
SECTION 5: PROFESSIONAL MEMBERSHIP RENEWAL	\$ _____
Less BRM Discount: (if applicable) (Code #: _____) (Location: _____)	\$ _____
Less Group Discount (if applicable):	\$ _____
1st Sub Total:	\$ _____
SECTION 3: PRE-CONFERENCE WORKSHOPS	\$ _____
2nd Sub Total:	\$ _____
Plus 5% GST: (#88581-8328 RT0001)	\$ _____
Sears Natiaonl Kids Cancer Ride Donation (Donations over \$20 will receive a tax receipt)	\$ _____
GRAND TOTAL:	\$ _____

REGISTRATION METHODS

ONLINE:	MAIL:	PHONE:	FAX:
www.canfitpro.com	Can-Fit-Pro Calgary	(416) 493-3515	(416) 493-1756
	2009	or	
	110-255 Consumers Rd.	1-800-667-5622	
	Toronto, ON M2J 1R4		

9. WAIVER OF LIABILITY AND CONSENT

Release of liability, waiver of claims, assumption of risks and indemnity agreement

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY

To: Canadian Fitness Professionals Inc. o/a Can-Fit-Pro, and its shareholders, directors, officers, employees, sponsors, representatives, agents, members, volunteers, affiliated and associated legal entities, successors and assigns (herein called The "Organizers").

Assumption Of Risks

In regard to my preparation for and participation in the Can-Fit-Pro Conference (herein called the "Conference"), I am aware:

- i) that fitness activities and exercise and the participation in the Conference exposes participants to many risks and hazards, some of which are inherent in the very nature of the training required, the Conference and fitness activities and exercise itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging fitness and exercise activities;
- ii) that, as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
- iii) that some of the aforesaid risks and hazards are foreseeable, but others are not;
- iv) that I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and the possibility of personal injury, death, property damage or loss, resulting there from and that, accordingly, my preparation for and participation in the aforesaid fitness activities and exercise shall be entirely at my own risk; and
- v) that I understand that neither the Organizers, nor any of their members, organizers, officers, directors, employees, independent contractors, agents, affiliated clubs, sponsors, or volunteers assume any responsibility whatsoever for my safety during the course of my preparation for or participation in the aforesaid fitness exercise and activities.

Release Of Liability, Waiver Of Claims And Indemnity Agreement

I hereby acknowledge and agree, in consideration of being permitted to participate in the Conference, as follows:

1. TO WAIVE ANY AND ALL CLAIMS, known or unknown, that I may have or may in the future have against the Organizers.
2. TO RELEASE THE ORGANIZERS from any and all liability for any and all personal injuries, loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from or arising out of my preparation for and participation in the Conference DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE ORGANIZERS, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE ORGANIZERS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF FITNESS ACTIVITIES AND EXERCISE REFERRED TO ABOVE.
3. TO BE LIABLE AND TO HOLD HARMLESS AND INDEMNIFY THE ORGANIZERS from any and all liability for any damage to property of or personal injury to any third party, resulting from or arising out of my preparation for and participation in the Conference.

Please initial _____

4. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

5. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction. Any litigation involving the parties to this Agreement shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Organizers with the respect to the safety of fitness activities and exercise and the preparation for and the participation in the Conference, other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE AGAINST THE ORGANIZERS.

Signed this _____ day of _____, .

Signature of Participant _____

This Agreement must be completed in full, dated, signed, and initialed (paragraphs 1, 2 and 3) before being allowed to participate in the Conference.

I provide Can-Fit-Pro permission to communicate to me about their products, services, and sales offers via printed or electronic formats and by telephone (including pre-recorded voice messages) to the above phone number.

_____ (Please initial)