**LawFit Fitness Leadership Workshop Registration Form**

\*Please fill out form completely and return by registration deadline (19 September 2017).

**EVENT INFORMATION**

**Location: Henrico County Sheriff’s Office Training Academy --- Henrico, VA**

**Dates: Tuesday-Thursday: 26 – 28 September (8:00am-5:00pm daily)**

**Registration Deadline: 19 September 2017**

**Registration Fee: $400.00 per person; 2 or more from the same agency $300.00 per person**

**Checks made payable to:**  **LAWFIT/FIREFIT, LLC**

**APPLICANT INFORMATION**

\*Please print clearly

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M F

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work #: Cell #: E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require special accommodations under provision of the Americans with Disabilities Act? Y N

If yes, please state the nature of the accommodation required:

**EXPRESSED ASSUMPTION OF RISK**

I authorize that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is fit for full duty as a law enforcement officer and is physically able to participate in the LawFit Fitness Leadership Workshop. I further recognize that the workshop’s physical activities including, but not limited to (**one repetition maximum bench** **press, 60-second sit-up test, sit & reach flexibility test, maximum repetition pull-up test, 1.5 mile run, and 200 yard suspect pursuit**) have the potential to put significant stress on the cardiovascular and musculoskeletal systems of participants. The above-named employee is fully insured by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 **(Agency Name)**

Signature of Agency Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print* name and address of Agency Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail your registration to:** **dbever@lawfit.org**

**Checks can be mailed to the address below or credit card payments can be completed on the LawFit Website: www.lawfit.org**

**Dr. David Bever**

**LAWFIT/FIREFIT, LLC**

**3408 Park Hill Place**

**Fairfax, VA 22030-2027**