Laura's House of Pain Presents

Troy's Biggest LOSER

REGISTRATION FORM

Name:	Type right on the registration form, print it out, sign it and mail it in!				
Address:					
City:		State:		Zip:	
Phone:		Alt Phone:			
Email:					
Are you currently taking and/or prescribed medication? (Check Box)			◯ Yes	◯ No	
If yes, please list:					
Emergency Contact:		Relation:			
Emergency Contact Number(s):					

Please mail checks payable to: LHOP Training Company
4825 Riverchase Drive • Troy, Michigan 48098

Assumption of Risk and Release

Client represents that he/she is in good health and has no disability, impairment, ailment or other medical or physical condition that may affect or restrict his/her participation with LHOP Training Company exercise program. Exercise involves risk; client agrees that LHOP Training Co. is not responsible for any injury including by way of example, heart attack, stroke, heat stress, sprains, broken bones, torn muscles and ligaments, paralysis or death. Client will be responsible for monitoring his/her own physical conditions during participation with LHOP Training Company exercise program. In the event the client experiences any adverse physical reactions or symptoms while exercising, the client will stop exercising. If the client is in doubt about his/her capability to participate in any physical exercise or training, the client will consult his/her physician.

By signing this Risk Release form, I confirm that I have read this form in its entirety. I also confirm that any questions I may have regarding the risk of injury involved in participation with LHOP Training Company, as well as my responsibilities in assuming that risk, have been answered to my satisfaction.

_____ _____ _____

Print Client Name | Client Signature | Date