

# AMERICAN HEALTH AND FITNESS

**FUN AND AFFORDABLE FITNESS CLASSES**

**NEW 12 week session begins Jan. 25, 2016**

**REGISTER FOR CLASSES TODAY!**

**Check off classes you will attend**

<i>Class</i>	<i>Day</i>	<i>Time</i>	<i>Location</i>	<i>Instructor</i>	<i>Fee</i>
<input type="checkbox"/> ZUMBA	M	6:00 PM	Holmes	Kristen	\$77
<input type="checkbox"/> SCULPTING PILATES	M	7:00 PM	Holmes	Kristen	\$77
<input type="checkbox"/> YOGA STRESS MGMT	T	7:00 PM	Riley Cafe	Kathi	\$77
<input type="checkbox"/> ZUMBA	W	6:00 PM	Holmes	Fabiola	\$77
<input type="checkbox"/> YOGA BETTER BACK	TH	7:00 PM	Riley Cafe	Juli	\$77

For class descriptions, visit

**[americanhealthandfitness.net](http://americanhealthandfitness.net)**

## Class Registration Form

★ **Registrations must be postmarked by 1/22/16** ★

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

We do not share your email address with anyone

Checks or money orders are payable to  
**American Health and Fitness**

Total Class Fees

\* \$25 returned check fee

### STUDENT WAIVER

**Must be Signed and returned prior to participation in class**

I have enrolled in a program of physical activity that includes any exercise class or program offered by American Health and Fitness. I state that I am in good health and do not suffer from any impairment or disability which would prevent or limit my participation in any class which I have selected. In consideration of my participation in any exercise class or program offered through American Health and Fitness, I, my heirs and assigns, hereby release American Health and Fitness and instructors from any liability, claims, demands, and causes of action arising from my participation in these classes at any location where offered. I hereby release American Health and Fitness from any liability, now or in the future, due to any injury or illness which may occur during or after my participation in any of the exercise class(es) I have selected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Consult with your physician before starting this or any other exercise program

When completed, mail to  
**American Health and Fitness**  
**P.O. Box 530069**  
**Livonia, MI 48153**  
**248-797-9570**