



Blue Motion Fitness Inc  
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ON N1E 2K4  
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www.bluemotionfitness.com

## Participant Registration Form

Client \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### 1. Emergency Contact Name and Number

\_\_\_\_\_

### 2. Emergency Contact Name and Number

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#### IMAGE/PHOTO/VIDEO RELEASE FORM

I, \_\_\_\_\_, hereby grant permission to Blue Motion Fitness Inc., the rights of my image, in video or still and the likeness of my voice as recorded or video taped, with out payment or charge. I understand that my image may be edited, copied, exhibited, published, or distributed and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any rights to royalties or other compensations arising or related to the use of my image or recording. I also understand that videos and / or still pictures containing my image during my training experience with Blue Motion Fitness Inc. may be used in future Blue Motion Fitness Inc. literature, training courses, promotional materials, and manuals.

I grant my consent for the use of all such imagery in this professional context. There is no time limit on the validity of this release nor is there any geographical limitation on where these materials may be distributed.

I acknowledge that I have read and fully understand the above release presented on this page. My signature indicates my agreement with all terms and conditions stated above. I hereby release any and all claims against any person or organization utilizing this material.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a person under the age of 19, then the signature of that person's parent or legal guardian is also required.

Guardian \_\_\_\_\_ Date \_\_\_\_\_