

HeartFit Presents

Maximizing Performance with a Heart Rate Monitor

Coordinator Private Workshop Request Form

A minimum of one (1) **Coordinator Private Workshop Request Form** and four (4) **Attendee Private Workshop Registration Forms** are required to schedule a workshop. (Forms can be mailed individually to the address below.)

Coordinator

First _____	Last _____	Phone _____
Address _____		(Secondary) _____
City _____	State _____	Zip _____
Email _____		

The Coordinator of the **HeartFit - Heart Rate Monitoring with a Heart Rate Monitor** private workshop is required to assume all risk of participation in the workshop by signing this general release statement. The undersigned Coordinator on behalf of himself/herself and on behalf of the Coordinator's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue **HeartFit** or any agency whose property and/or personnel are used from all liability to the Coordinator and his/her personal representatives, assigns, heirs, executors, for all loss(es). The Coordinator warrants that all statements made herein are true and correct. Coordinator has read the foregoing and intentionally and voluntarily signs this release and waiver of liability agreement.

Coordinator's Signature _____

Date Signed _____

Proposed Workshop Locations

Part 1		
Name _____	Phone _____	
Address _____		(Secondary) _____
City _____	State _____	Zip _____
Part 2	Same location as Part 1	Yes/No
Name _____	Phone _____	
Address _____		(Secondary) _____
City _____	State _____	Zip _____

Proposed Workshop Dates/Times

Part 1		
Day Of Week	Date	Time

Part 2		
Day Of Week	Date	Time

Proposed Attendees

#	Name – Last, First	4.		8.	
1.		5.		9.	
2.		6.		10.	
3.		7.			

Mail this completed **Coordinator Private Workshop Request** form (with a \$100 check made out to **HeartFit**) and a minimum of four (4) completed **Attendee Private Workshop Registration** forms to:

HeartFit, PO Box 1653, Beaverton, OR, 97075-1653