**LawFit® Fitness Leadership Workshop Registration Form**

\*Please fill out the form completely and return by registration deadline (2 Dec, 2024).

**EVENT INFORMATION**

**Location: Central Virginia Criminal Justice Academy --- Lynchburg, VA 24504**

**Dates: Tuesday-Wednesday: 10 Dec. – 11 Dec. (8:00am-5:00pm daily)**

**Registration Deadline: 2 Dec. 2024**

**Registration Fee: $600.00 per person, nonrefundable (however, another officer may be substituted)**

**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 #: email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 154-yard or 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Registration checks should be mailed to the address below.**

**Dr. David Bever**

**LAWFIT/FIREFIT, LLC**

**3408 Park Hill Place**

**Fairfax, VA 22030-2027**

**(Questions: 703-424-6154)**