ILLINOIS

REGISTRATION FORM 2026-2027

Lifetime Fitness Program
University of Illinois at Urbana-Champaign
Department of Health and Kinesiology
Email: *lifetimefitness@illinois.edu* | Fax: *217.244.7322*

Name: _____
First *Middle* *Last*

Address: _____
Street Address

_____
City *State* *Zip*

E-mail: _____

Phone #: _____

Birthday (Month/Day/Year): _____ **Sex:** _____ **Race:** _____

How did you hear about the program? _____

Please select any applicable:
UIUC Retired: _____
UIUC Current Employee: _____
OLLI Member: _____
Silver Sneakers Member: _____ Silver Sneakers ID#: _____

Physician:_____
Name *Phone Number* *Hospital*

Local Emergency Contact Information:
Name: _____
Relationship: _____
Phone: _____
Second Phone: _____

Local Emergency Contact Information (optional):
Name: _____
Relationship: _____
Phone: _____
Second Phone: _____

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Lifetime Fitness Program Legal Release

I hereby request the Board of Trustees of the University of Illinois to accept me for admission to its Lifetime Fitness Program which is administered by its Department of Kinesiology, and in consideration of such acceptance and admission, I hereby fully and completely release and discharge the said Board of Trustees of the University of Illinois, its officers, agents, staff members or employees, and each of them, from any and all claims and demands of whatever nature I may hereafter assert against said public corporation, its officers, agents, staff members or employee, or any of them, on account of any accident, injury, or illness which I may sustain while in attendance, and any and all consequences thereof.

I acknowledge that I have read the purpose, scope, and nature of the University of Illinois Lifetime Fitness Program, and that I understand the nature of the program and the risks involved.

I acknowledge and affirm that I have been examined by my personal physician for the purpose of entering said Lifetime Fitness Program, and that, to the best of my knowledge and belief, I have no physical illness or weakness that would increase the risk to me of participation in this program.

In consideration of my acceptance and admission to said Lifetime Fitness Program, I hereby assume all risks and hazards to me, probable and improbable, associated with participation in said Program.

Name (Please print): _____

Signature & Date: _____

*This release form is for participation in the Lifetime Fitness Program and does not serve as an informed consent for research activities conducted in concert with the program. Prior to your involvement in specific research studies, you will be fully informed of the nature of the research activities, the measurements to be made, the requirements of the research, as well as the potential risks and benefits to you pertaining to participation in such activities.

_____ I have had medical clearance to participate in the program within the last 12 months or will obtain it prior to the first week of the program.

_____ I have completed the legal release form.

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Office Use only)
*LFP Staff Initials and date entered into database:*_____