



2023 Health and Wellness Fair

Friday - March 31, 2023

Time: 8:00 a.m. – 3:30 p.m.

ATTENDEE REGISTRATION FORM

FREE ACCESS TO VENDOR AREAS – NO REGISTRATION REQUIRED
(Kick-Off Workout and Closing Workout Included with Membership)

ATTENDEE PRICING*

GENERAL CLASS/WORKSHOP ACCESS:

NON-MEMBER DAY PASS \$20
One-time non-member day pass required for all scheduled classes, events and programs

FULL-DAY CLASS/WORKSHOP ACCESS BAND
Full-day access wrist band to workshops/classes
Members/Non-Member (w/ day pass): \$20

SINGLE-CLASS/WORKSHOP PASS

Single-class/workshop pass (up to three classes/workshops)

Single Class/Workshop: One Members/Non-Member (w/ day pass): \$5
 Single Class/Workshop: Two Members/Non-Member (w/ day pass): \$5
 Single Class/Workshop: Three Members/Non-Member (w/ day pass): \$5

SPECIAL WORKOUT AND LUNCH ADD-ONS:

Lunch Workshop ONLY Members/Non-Member (w/ day pass): \$10

Lunch Workshop ADD-ON to All Day Access Wrist Band Members/Non-Member (w/ day pass): \$5

MISCELLANEOUS FEES:

EVENT DAY REGISTRATION FEE Applicable to all attendees (with 3/31/2023 registration): \$10

Total Due: _____

Front Desk Staff Use Only:

Amount Due: \$ _____ # of lunches purchased: _____

Amount paid by (check one): _____ CASH _____ CHECK (# _____) _____ CREDIT CARD

Staff Initials Date



2023 Health and Wellness Fair

407 Magnolia Avenue – Anna Maria, FL 34217

941/778-1908

www.centerami.org

Health and Wellness Fair Attendee Information

Attendee's First Name	Last Name	Email Address	Sex
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DOB (MM/DD/YYYY)	Age	Home Telephone No.	Cellular Telephone No.
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Mailing Address	City	State	Zip Code
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Emergency Contact Name	Telephone No.	Relationship
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Parent/Guardian First Name (if under 18)	Last Name	Relationship
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Home Telephone No.	Cellular Telephone No.	Other Telephone No.
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Please indicate any known allergies to foods and other medical issues that should be known:

Signature	Printed Name	Date
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By signing the above and in consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor child(ren), and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center, happen upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Center. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Center and local newspapers to take pictures of my child and understand that these photos become the property of The Center and/or the newspaper. I hereby give The Center permission to take pictures of me and my children and to put the finished pictures on The Center's web site and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.