

REGISTRATION FORM

MAY 29TH, 2020

PLEASE FILL IN THE FORM COMPLETELY AND PRINT CLEARLY. USE ONLY ONE FORM PER PERSON. This form may be copied for additional registrants. Please ensure form is fully completed. Keep a copy for your records.

2020 CPTN Personal Trainer Summit - Dare To Be Excellent!

JAPANESE CANADIAN CULTURAL CENTRE - 6 Garamond Ct., Toronto, ON, M3C 1Z5

CONTACT INFORMATION

Name: _____
 Street Address: _____
 City: _____ Province/State: _____
 Postal/Zip code: _____ Country: _____
 CPTN ID#: _____
 Email: _____
 Phone: _____

How did you hear about the CPTN conference?
 CPTN Website Conference Brochure CPTN Email
 CPTN Newsletter Social Media - Facebook Friend
 Club Other _____

HOW TO REGISTER:

ONLINE: www.cptn.com PHONE: 416-979-1654 EMAIL: education@cptn.com
 Please have credit card number, and expiration date ready.
 Please complete registration form, scan and email.

METHOD OF PAYMENT

Visa MC Amex Money Order eTransfer

Card #: _____
 Expiry Date (mm/yy) _____ CW _____
 Signature: _____
 Name on Card: _____
 T-Shirt Size: sm _____ med _____ large _____ x-large _____
 Shirt Fit _____ women's _____ men's _____

REGISTRATION FEES: Please circle appropriate fee

(ALL FEES ARE IN CANADIAN DOLLARS)

CPTN MEMBERSHIP - \$50
 (TAKE ADVANTAGE OF OUR MEMBER RATES)

INTENSIVE SESSIONS

FULL-DAY (8:30am - 5:00pm) includes hot lunch	On/Before April 15 MEMBER		After April 15 MEMBER		On/Before April 15 NON-MEMBER		After April 15 NON-MEMBER	
	Individual	Student	Individual	Student	Individual	Student	Individual	Student
Fitness Kickboxing Instructor: Level 1	\$279	\$249	\$329	\$269	\$329	\$269	\$369	\$299
Fitness Kickboxing Instructor: Level 2	\$279	\$249	\$329	\$269	\$329	\$269	\$369	\$299
Fitness Kickboxing Instructor: Level 3	\$279	\$249	\$329	\$269	\$329	\$269	\$369	\$299

Breakout sessions - May consist of all breakout sessions or a combination of 3 or 4-hour intensive + breakout sessions. Includes lunch.

Includes a Hot Lunch	On/Before March 1st MEMBER		After April 15 MEMBER		On/Before March 1st NON-MEMBER		After April 15 NON-MEMBER	
	Indiv.	Student	Indiv.	Student	Indiv.	Student	Indiv.	Student
	\$299	\$159	\$349	\$189	\$399	\$189	\$449	\$269

*Student Rate: applies to high school and university students enrolled in full time studies in 2020. Copy of student ID required with registration.

SESSION SELECTION

TIME	1st Choice	2nd Choice	All Day Intensive	1/2 Day	Intensive 8:30 - 11:30	Intensive 10:00 - 12:45
8:30 - 9:45	FRI	FRI				
10:00 - 11:30	FR2	FR2			INT	
11:45 - 12:45	FR3	FR3				INT
12:45 - 2:00	FR5	FR5				
2:00 - 3:30	FR6	FR6				
3:45 - 5:00						

CPTN Certification Renewal - 7 CEC Required

*Renewal will apply conference CECs.
 *Proof of valid CPR and First Aid may be required.

1 Year*
\$75

AMOUNT DUE

SUBTOTAL (add circled amounts)

+HST (13%)

TOTAL DUE

CANCELLATIONS

Cancellation requests must be received in writing and postmarked prior to May 15, 2020. A processing fee of \$60.00 will be charged for all refunds. No refunds will be given after May 15, 2020.

E-transfers: amount payable to CPTN. Send info to education@cptn.com and answer to info@cptn.com

Registration incomplete without signed waiver on reverse side

For fast and easy registration, register online (www.cptn.com) or via phone 416-979-1654

2020 CPTN PERSONAL TRAINER SUMMIT

WAIVER OF LIABILITY AND CONSENT

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Please consult your physician prior to starting an exercise or fitness program, and prior to participating in this event.

This is a release of claims and by signing it I agree to the following:

1. I represent to the Certified Professional Trainers Network, hereinafter referred to as "CPTN" that I am in excellent physical health. I further represent that I do not suffer from any physical ailment or any cognitive impairment; and that I am not taking any medication or drugs which might cause me harm or limit my participation.
2. I understand and agree to abide by the conditions of the cancellation policy, session request and stand-by procedures and that pre-paid registration does not guarantee session requests.
3. CPTN may videotape, audiotape or photograph me and retain the rights to use these items and may employ any or all of these for all commercial and non-commercial purposes without payment of any kind to me and without further notice to me or permission from me.
4. I consent that the information collected herein may be used to send me updates on CPTN offerings as well as marketing initiatives from select companies associated with CPTN.
5. I am aware that there are risks associated with participating in fitness activities and exercise. My participation is completely voluntary and I freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury death property damage or loss to myself or any other person as a result of my participation in fitness activities. I agree as do my heirs, next of kin, executors, administrators and assigns:
 - a. To waive all claims, known or unknown, that I have or may have in the future against CPTN including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners, lessees or exhibitors;
 - b. That CPTN is not liable or responsible for any damage to, loss or theft of my property;
 - c. To release and forever discharge CPTN from all liability for any personal injury, death, property damage or loss resulting from my participation in fitness activities due to any cause; including, but not limited to negligence, (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of CPTN;
 - d. To be liable for and to hold harmless and indemnify CPTN from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and all liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in fitness activities.
6. I agree that in the unlikely event of cancellation due to extreme conditions beyond the control of CPTN including, but not limited to Acts of God, Acts of Terrorism, medical advisory, or other conditions, my registration fee shall be non-refundable.
7. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the Conference.
8. I consent that the present waiver and consent has been drafted in English at my request.
Je consente à ce que la présente renonciation à réclamer et consentement soit rédigée en anglais à ma demande.

I have read, I understand and I hereby give my free and enlightened consent and agree to all of the foregoing.

Signature: _____

Print Name: _____

Date: _____