

# LawFit® Fitness Leadership Workshop Registration Form

\*Please fill out the form completely and return by registration deadline (8 May 2026).

## EVENT INFORMATION

**Location:** Central Virginia Criminal Justice Academy --- Lynchburg, VA 24504  
**Dates:** Tuesday-Wednesday: **19 May – 20 May** (8:00am-5:00pm daily)  
**Registration Deadline:** **8 May 2026**  
**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: \_\_\_\_\_

Participant 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 \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

**E-mail your registration to: [dbever@lawfit.org](mailto: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)**