

Member / Guest information

Name _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone: _____
 Email: _____

Health /Safety Information

If any of the following questions are answered YES, we will need a doctor's note on file for you to commence in physical activity.

- | | | | |
|------------------------------------------------------------------------------|-----|-----|----|
| 1) Do you have a heart or lung condition? | | Yes | No |
| 2) Do you have high blood pressure? | Yes | No | |
| 3) Has your doctor advised you NOT to partake in Physical activity? | | Yes | No |
| 4) Are there any other physical or medical conditions we should be aware of? | Yes | No | |
| 5) Are you pregnant? | | Yes | No |
| 6) Have you had surgery recently? | | Yes | No |
- If so explain... _____

Please wear the proper gym attire suitable for the activity you will participate in. If you are not familiar with the proper attire, please ask the manager on shift. If you have any problem or question with any of the equipment or training in the facility, please ask a manager. If for any reason you feel that you need medical assistance, please make this known to the manager on shift. Personal training and instruction is available...

Customer Acknowledgement and release and waiver of liability

Because physical exercise can be strenuous and subject to risk of serious injury, the gym urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk any recommendation for changes in diet including the use of food supplement, weight reduction, and /or body building enhancement products are entirely your responsibility and should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss/damage of you personal property.

This waiver and release of liability includes, without limitation all injuries which may occur as a result of: (a) use of all amenities and equipment in the facility and your participation in any activities, class, programs, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, or dietary recommendations, (d) your slipping and or falling while in the club or on the club premise, including adjacent sidewalks and parking lots.

You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You expressly agree to release and discharge the health club, and all affiliates, employees, agents, representatives, successors, or assigns from any and all claims or causes of action and you agree to voluntarily give up or waive any right you may otherwise have to bring a legal action against the club for personal injury or property damage/theft. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the club, its agents and employees.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provision severed here from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Sign name: _____

Date: _____