



All fields are required.

### APPLICATION AND WAIVER FORM

Name:

Date of birth:

Sex:

Phone: (w) (c)  
(h)

Address:

Email address:

Membership type:

How did you hear about us? Social Media \_\_\_\_ Web Site \_\_\_\_ Referral (Name) \_\_\_\_ Radio \_\_\_\_ Newspaper \_\_\_\_  
Magazine \_\_\_\_ Road Sign \_\_\_\_ Club Fitness Trainer \_\_\_\_ Other \_\_\_\_

#### Emergency Contact

Name:

Relationship

Address:

Phone:

I understand that there is risk when exercising, however Club Fitness is not responsible for any injury which may occur while utilizing their facility including: injury, illness, accidents, asthma attacks, cardiovascular attacks, lung problems, injuries to extremities, death.

I assume all risk of injuries associated with participation at Club Fitness including, but not limited to: falls, tripping over equipment, temperature control (humidity/heat), dropping weight(s) on extremities, utilizing equipment inappropriately causing injury, and contact with other participants and all other such risks being known and appreciated by me. I agree to abide by the Rules and Regulations of Club Fitness, as the same may be amended from time to time.

I have read, understood, and completed the Physical Activity Readiness Questionnaire and answered NO to all the questions, or received clearance to participate from my physician or a Certified Exercise Physiologist. I understand and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate. I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring while being physically active which may include abnormalities of the cardiovascular system (blood pressure, heart rhythms, etc.)

I understand that Personal Trainers/Exercise Physiologists at Club Fitness shall not be liable for any damages arising from personal injuries sustained throughout my training programs/sessions. By utilizing the exercising equipment during the personal training programs/sessions, I do so at my own risk.

I understand that Club Fitness is not responsible for my property which I bring into, or leave in, their facilities. Should any such items, which I take into, or leave in, Club Fitness, become lost or stolen, it is my responsibility.

After having read this entire waiver thoroughly and knowing these facts, and in consideration of acceptance of my participation, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE at Club Fitness, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation at Club Fitness training, programs and/or events.

**By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.**

Printed Name of Client: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(under 18 years of age)