



Waiver to Participate

Today's Date: _____

GENERAL INFORMATION

Name _____

Home Address _____ City/State _____ ZIP _____

Best number to reach you? Inlue area code, please _____

Email (we need this to keep you informed) _____

Emergency Contact: Name _____ Number _____

Do you take any medication? If yes, explain _____

DOB _____ Weight _____ Height _____ Gender _____

How did you find out about us? _____

YOUR HEALTH

Date of your last physical _____ Doctor's Name _____

Read below and answer "yes" or "no" :

Heart disease? _____

Feet _____

Shortness of breath or chest pains? _____

Knees _____

High Blood Pressure? _____

Lower Back _____

High Cholesterol Levels? _____

Neck/Shoulders _____

Do you currently smoke? _____

Hips/Pelvis _____

Did you smoke in the past? _____

Flexibility _____

Diabetes _____

Asthma or Allergies _____

YOUR LEVEL of ACTIVITY

Fitness history? How often?

IMPORANT! PLEASE READ.

Check the appropriate box to the right.

We take photos and video of our members for promotional and training purposes. Photo and video is used as a teaching tool in effort to correct form. We do NOT promote with images that are distasteful; we want to project a clean image and show our members working hard and having fun.

Yes, you may take pictures and video of me for **promotional** purposes.

Yes, you may take pictures and video of me for **training** purposes.

or

No, do not take my picture or video me for **promotional** purposes.

No, do not take my picture or video me for **training** purposes.

Liability Waiver for Participation and Utilization of the Facilities at the Fit Pit

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

I request authorization for use of The Fit Pit LLC (the Gym). I, acknowledge that use of the Gym and participation at the Gym is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

- 1) I do hereby fully release and discharge the Gym and their agents, employees and the sponsors and those whose facilities are being used for this program (collectively, the "Released Parties") from any and all liability, claims and causes of action from injuries or illness (including death), damages or loss which I may have or which may accrue to me on account of participation in all activities utilizing the Gym. This is a complete and irrevocable release and waiver of liability. Specifically and without limitation, I hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties' negligence. I covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.
- 2) Use of the Gym involves physical exercise, sport and recreational activities that may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, wellness, and/or recreational activities. My use of the Gym is a voluntary activity in all respects and I assume all risks of injury and illness that may result from such use. This includes any sponsored group activities or individual use of the facility or exercise equipment. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, indemnify, hold harmless and discharge Gym and Released Parties of any and all claims, demands, actions or damages of any kind resulting from participation at Gym or classes or individual training sessions at Gym.
- 3) As the participant, I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which I may sustain as a result of participating in any and all activities arising out of, connected with or in any way associated with my use of the Gym. I acknowledge that participation and use of the Gym is voluntary.
- 4) I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with, the Gym.
- 5) In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.
- 6) I have been advised by Gym to consult with a physician before I undertake any physical exercise program. I certify that I am in good health and sufficient physical condition to properly use the Gym; that I am knowledgeable about the proper use of any equipment that I will use and the rules of any activities that I will participate in; and that I will carefully read the operating instructions for any Gym equipment prior to use and will operate such equipment in strict accordance with instructions.
- 7) The Released Parties are not responsible for any loss or theft of personal property brought to or left in the Gym and I release the Gym from any liability for such loss or theft.
- 8) I understand and agree to adhere to the Gym's policy and rules

I have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I am 18 years old or older. I understand that my signed waiver will be retained in my file. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

Signed: _____ **Printed Name:** _____

Date: _____