

Lift More Fitness

Health Assessment Waiver & Assumption of Risk/Liability Release



Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Email: _____

Emergency Contact: _____

Emergency Phone: (____) _____

Lift More Fitness, LLC recommends that you consult your physician in regards to your participation in any exercise program.

Referred By: _____

HEALTH ASSESSMENT:

| | | | |
|--|-----|----|----------------|
| Have you ever had any form of heart disease? | YES | NO | |
| Family History of Heart Disease? | YES | NO | |
| High Blood Pressure? | YES | NO | Levels: _____ |
| Cigarette Smoking? | YES | NO | |
| Diabetes? | YES | NO | Type: _____ |
| Do you work out at least three times per week? | YES | NO | |
| Are you currently taking any medication? | YES | NO | Explain: _____ |

Date of last full physical: _____

Do you have any problems in the following areas?

| | | | |
|-----------------|-----|----|----------------|
| Knees: | YES | NO | Explain: _____ |
| Lower Back: | YES | NO | Explain: _____ |
| Neck/shoulders: | YES | NO | Explain: _____ |
| Hip/Pelvis: | YES | NO | Explain: _____ |

Other: (Explain) _____

Is there any reason that you know of that you should not participate in exercise? Explain:

Please let us know of your goals for your time at Lift More Fitness (Circle all that apply):

Overall Health Strength and Conditioning Improve Athletic Development

Power Lifting/Competing Toning/Weight Loss Other: _____

Lift More Fitness

MEMBERSHIP DETAILS:

(Renewing members complete if details have changed)



Name: _____

Date: _____ Drivers License: _____

Sex: Male[] Female[] D.O.B. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Email: _____

Do you consent to receive information from Lift More Fitness via email? Yes / No

How did you hear about us? _____

Emergency Contact Name: _____

Emergency Contact Phone: (____) _____ - _____

Membership Type:(Mark one of the following)

- \$40/month membership (individual membership - month to month)
- \$32/month membership (fire/military/police - month to month)
- \$25/month membership (active student membership - month to month)
- \$70/month membership (couples membership - month to month) **same household**
- \$80/month membership (family membership - month to month) **2 adults/2 teens** 13-17 \$10/ea. additional teen.
- Other** - _____

One time Enrollment fee due at signing \$ _____ (non-refundable)

MEMBERS DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined in Section 4 of this membership form and know that it affects my legal rights. I agree to pay the following each month until I cancel my membership (written 30 day notice).

The Monthly Gym Membership Fee of \$ _____ (plus applicable sales tax) will be withdrawn on the _____ (today's date) of each month.

Membership Expiration Date (if applicable): ____ / ____ / ____

Note: If payment is declined, there will be a \$20 fee applied to your account.

Please complete the card information below, which hereby authorizes Lift More Fitness to debit the following card for the above membership each month.

| |
|---|
| <p>Name (as it appears on card): _____</p> <p>Card Number: _____</p> <p>Expiration Date: ____ / ____</p> <p>Security Code (3 digits on back of card): _____</p> <p>Billing Address (if different from above): _____</p> <p>Zip Code (if different from above): _____</p> <p>Signature: _____ Date: ____ / ____ / ____</p> |
|---|

MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

Definitions:

In this agreement:

a) The term "ATHLETIC ACTIVITY", "ATHLETIC ACTIVITIES", "TRAINING" or "FITNESS PROGRAMS" includes but is not limited to personal training, fitness classes, team or individual competitions, use of facility and equipment, olympic lifting, power lifting, strongman training and competitions, strength conditioning, metabolic conditioning, interval training, bodyweight conditioning, rope climbing, stretching, outdoor running and training in parks, recreational areas, trails and sidewalks, sports programs, clinics, seminars, and other services and training provided by Lift More Fitness, LLC.

b) The term "INJURY" shall refer to all forms of physical, mental and emotional injury in any way related to athletic activity and training activities including but not limited to: death, breaks, strains, lacerations, dislocations, exercise induced rhabdomyolysis, heart failure, concussion, heat illness, dehydration, trauma, and anxiety.



Acknowledgment of Risks, Injury & Obligations

I, _____ am aware of the significant risks involved in all aspects of physical training. Lift More Fitness, LLC has made me fully aware that the fitness programs/training which Lift More Fitness, LLC offers and in which I desire to participate in are of a nature and kind that are extremely strenuous and can push me to the limits of my physical abilities. These risks include, but are not limited to: falls which may result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and/or my partner(s). I willingly assume full responsibility for any and all risks that I may be exposed to as a result of my participation in Lift More Fitness, LLC programs/classes and accept full responsibility for any injury or death that may result from my participation in any activity, class, or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and/or injury as a result of my participation in fitness programs designed by Lift More Fitness, LLC. I agree to assume any and all risk associated with my participation in Lift More Fitness, LLC fitness programs and services.

Initials: _____

Release: In consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the athletic activities made available to me by Lift More Fitness, LLC and with my full understanding of all of the above, I hereby assume all risk for my health and well-being and hold Lift More Fitness, LLC as well as its agents, officers, principals, employees, volunteers, and other authorized agents harmless there from. I waive, release, remise and discharge Lift More Fitness, LLC and its agents, officers, principals, employees, volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in athletic activity at Lift More Fitness, LLC, including those attributed to the negligent acts or omissions of the above mentioned parties.

If I am signing on behalf of a minor child, I give full permission for any person connected with Lift More Fitness, LLC to administer first aid deemed necessary, and in case of serious injury or illness, I give permission to call for medical and/or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initials: _____

Indemnification: I, the undersigned, have been informed of, and understand that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I have been advised that an examination by a physician should be obtained prior to commencing in fitness activity or before initiating a substantial change in the amount of regular physical activity performed. I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to his/her negligence. Should the above-mentioned parties, or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Lift More Fitness, LLC, their principals, agents, employees, volunteers from liability for injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in athletic activity offered by Lift More Fitness, LLC.

Initials: _____

Photo/Video Release: I agree to allow Lift More Fitness, LLC, its agents, officers, principals, employees and volunteers the use of picture(s), film, and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Lift More Fitness, LLC of this in writing.



Initials: _____

Administration

- Appropriate covered footwear & pants/shorts must be worn at all times while in the gym facility.
- Memberships are not refundable or transferable.
- All weights and equipment must be put back after use.
- Photo ID cards (ie student card or drivers license) must be carried and shown upon request.
- Shared gym access with a non-member will result in forfeiture of membership effective immediately.
- Each member must respect other gym users and behave in an appropriate manner at all times.
- Lift More Fitness Staff reserves the right to rescind the rights of members not complying with the terms and conditions of the membership.
- Anyone under the age of 13 must be accompanied by an adult at all times within the gym.

Initials: _____

I have fully read and understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Participant's Signature

Participant's Name (printed)

Date

Parent/Guardian Signature

Parent/Guardian Name (printed)

Date

(If the participant is under the age of 18)