



Eagle Ridge Fitness-Personal Training

Don't Let it S.A.G- S.A.G Registration Form

First Name: _____ Last Name _____

Phone (_____) _____ I was referred by _____

Address _____ City _____ Prov. _____ Postal Code: _____

Email _____ Age _____ Date of Birth: _____

Occupation _____ How Did You Hear About Us: (please be specific): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN POINT FORM:

- 1) Please list any injuries or health conditions that you are aware of?

- 2) What are you most frustrated with when it comes to getting in shape? What is your biggest obstacle/s when it comes to getting in shape?

- 3) What is your activity level? (Sedentary moderate, active, very active)

Liability waiver release/Photo-video release

MEMBER / PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF **EAGLE RIDGE FITNESS**, OR IT'S EMPLOYEES, CONTRACTORS, OFFICERS, OR OWNER/S... PARTICIPANT ACKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVES THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER PARTICIPANT PARTICIPATION IN THE PHYSICAL ACTIVITIES. MEMBER FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A MEMBER, SLIP AND FALL BY MEMBER, OR AN UNKNOWN HEALTH PROBLEM OF MEMBER. MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES, MEMBER AFFIRMS THAT MEMBER IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. MEMBER ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND MEMBER AGREES THAT IT IS THE RESPONSIBILITY OF MEMBER TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE, REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF PARTICIPANT TO TAKE PART IN ACTIVITIES. BY SIGNING AT THE BOTTOM OF THIS PAGE, / PARTICIPANT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS. PARTICIPANT UNDERSTANDS PHOTOS OR VIDEO MAY BE TAKEN DURING THE COURSE OF MY INVOLVEMENT IN, WHICH MAY BE USED FOR PROMOTIONAL PURPOSES.

Member Signature _____ Date _____