Coached Group Work Out Participant Information

Date: _____ Coach Name: _____

Coached Program: _____Dates:_____

Location: _____

Name: _____ Birthday _____

Address: _____ Apartment # _____

City : _____ State _____ Zip _____

Home Phone:_____ Work Phone: _____

Cell # _____ Fax #: _____

E-Mail: _____

Emergency Contact Name: _____ Contact Ph. # _____

Doctor: _____ Doctor's Ph #:_____

Agreement and Release of Liability

1. In consideration of being allowed to participate in personal training or fitness programs with Fit-X San Diego and to use its contracted facilities, equipment and machinery , I do hereby waive, release, and discharge Fit-X San Diego and its officers, agents, employees, sub-contractors, representatives, executors, and all others from all liability created from injuries, damages and fees due to my actions, representations, omissions, skill and physical ability which result from my participation in any activities.
   Initial_____

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
   Initial_____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery except as hereinafter stated: _____.
   I agree that Fit-X San Diego associates will make recommendations based on accurate or update information provided in a Health History Questionnaire, physicians note or from other client medical treatments.
   Initial_____

4. I acknowledge that is has been recommended that I have a yearly physical examination and consultation with my physician as to the physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning any physical limitations during fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my doctor's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume responsibility for my participation and activities, and utilization of equipment and machinery in my activities with Fit-X San Diego a division of Island Fitness Express, Inc. at all Fit-X San Diego Service Sites.
   Initial_____

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Fit-X San Diego Associate Signature: _____ Date: _____

Administrative Check List _____Waiver _____Booklet
_____Paid _____Goodie Bag

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November 3, 2010