

WELCOME TO FiT

TRAINING THE ATHLETE IN EVERY BODY

Personal Information

First Name: _____ Last Name _____

Street Address: _____

City, State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Birth Date (mm/dd/yyyy): _____ Age: _____

I prefer you to contact me via: work phone home phone email cell phone

In case of Emergency

Please contact: _____ Phone: _____

Preferred Training Schedule

Times a week 1 2 3 Length: 25 Minutes 50 Minutes Contract Yes No Length 12 24

Days _____ Times _____

Waiver And Assumption of Risk

I, _____, hereby voluntarily sign this Waiver and Assumption of Risk in favor of Fi.T. (the "Company"), fully waiving and releasing the Company and its directors, officers, stockholders, employees and agents from any and all liability, claims for personal injury, causes of action, property damage, or death that may result from any negligent act committed by or on behalf of the Company, from my use of the Company's facilities or property, or from my participation in any of the "activities" or instruction provided or endorsed by the Company.

I sign this waiver and assumption of risk in consideration of the opportunity to use the Company's facilities or property, receive instruction from the Company and its employees, or to participate in Company-sponsored activities.

I acknowledge and understand that there are dangers and risks associated with the activities described above, which have been fully explained to me. I fully assume the dangers and risks, and agree to use my best judgement in engaging in those activities and to follow the safety instructions provided.

I hereby agree to be photographed in connection with my use of the Company's facilities or properties, or in connection with my participation in activities or instruction provided or endorsed by the Company. I agree that the Company may use, display and otherwise exploit resulting photographs on a perpetual, irrevocable basis in connection with the Company's business (including without limitation on the Company's websites and social media accounts) without payment of compensation to me. I hereby irrevocably waive any and all rights of privacy, publicity, "moral rights" or any other rights of a similar nature in connection with the exploitation of such photographs, including without limitation my likeness. I agree to release and hereby do release the Company and its employees, officers, directors, agents, successors and assigns from any and all claims, damages, liabilities, causes of action, costs and expenses (including reasonable attorney fees), at law or in equity, known or unknown, that I may now or hereafter have arising out or related to the Company's or its designees' use or other exploitation of such photographs.

I am a competent adult and I freely and voluntarily assume the risks associated with the activities described above.

Signature _____

Date _____

