

Personal Information

Last Name _____ First Name _____

Date of Birth _____ Age _____ Gender _____

Occupation _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact Name _____ Phone _____

Relationship _____

Terms and Conditions

Client Agreement: This agreement represents the entire agreement for services received from Mind and Body Fitness Connections. In recognition of the possible dangers connected to any physical activity and or bodywork; I agree to indemnify the company, its officers, agents, employees or trainers for all costs incurred in respect to any legal action involving the client or any person in care of the client. I (the client) shall have defaulted under the Training agreement if the payment is not paid before the training session or as scheduled in writing. All payments are nonrefundable, except if the client has M.D. written documentation recommending stoppage of training permanently, for medical reasons.

Client Signature

Date

Release of Liability

I do hereby forever waive, release, and discharge Mind and Body Fitness Connections and its officers, agents, employees, representatives, executors and all others acting on behalf from any and all claims or liabilities for injuries or damages to my person and or property. I am aware of and understand that strength; flexibility, aerobic training (including the use of exercise equipment) and bodywork can be potentially hazardous. I am voluntarily participating in these activities and use of the equipment with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease or other illness that would prevent my participation in these activities, bodywork or use of equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise and acknowledge that it has been recommended that I have a yearly or more frequently physical exam and have been given my physicians permission to participate in these activities.

Client Signature

Date