



**Mind -N- Body Fitness**

## Group Workout Class - Registration Form

\*Please Print Legibly - Thank You!

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**How did you hear about our workout classes:** \_\_\_\_\_

**Class participant is:**  Male  Female /  Adult  Teen  Child

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Primary Fitness Goals:**

- General Conditioning     Cardio Conditioning     Strength Conditioning  
 Reduce Body Fat         Develop Muscle

**What parts of your body are you most concerned with?** \_\_\_\_\_

\_\_\_\_\_

**Fitness Level:**  Beginner     Intermediate     Advanced

**What days/times are most ideal for you to attend workout classes?**

\_\_\_\_\_

**Please list any health problems or concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return this form to: Mind N Body Fitness – 9 Fox Valley Dr. Orange Park, FL 32073

**Turn Me Over!**



**Mind -N- Body Fitness**

## **Group Workout Class - Waiver Of Liability**

I the undersigned, am participating in a fitness/exercise routine of strenuous physical activity which may include but is not limited to aerobic conditioning and cardiovascular conditioning, weight training, strength training and flexibility training offered by **Mind N Body Fitness** and their fitness professionals. In consideration of my participation in this fitness/exercise routine, the undersigned, for myself, my heirs and assigns, hereby release **Mind N Body Fitness** (it's owner, fitness professionals, facility, organization, business or any persons involved with the fitness/exercise routine), from any claims, demands and causes of action arising from my participation in the fitness/exercise routine. I fully understand that I may injure myself as a result of my participation in the fitness/exercise routine and I do hereby release **Mind N Body Fitness** (it's owner, fitness professionals, facility, organization, business or any persons involved with the fitness/exercise routine) from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries and any other illness, soreness or injury however caused, occurring during or after my participation in the fitness/exercise routine.

**I hereby affirm that I have read and fully understand the above.**

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Physicians Examination Waiver**

**ATTENTION: You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse affect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program.**

By signing this document, I acknowledge that I have been informed either verbally or in writing of the potential risks that could occur and that I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physicians approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility, **Mind N Body Fitness** (it's owner, fitness professionals, facility, organization, business or any persons involved with the fitness/exercise routine).

**I hereby affirm that I have read and fully understand the above.**

**Signature:** \_\_\_\_\_

## **Group Workout Class Policy/Procedure Agreement**

I understand and agree to the policies and procedures that have been presented to me. Failure to comply with the policies and procedures at any given time can result in termination of my participation. I further understand that no refunds for unused classes will be given unless a documented medical release is provided, stating a severe illness or condition, which limits me from continuing the program. I also understand that I must give at least 2 hours advanced notice if unable to attend a scheduled class session, and that canceling with less than 2 hours notice can result in a session being deducted from my remaining sessions balance. If I am deemed a No Call - No Show for a scheduled class, a class session will be deducted from my class package.

**I hereby affirm that I have read and fully understand the above.**

**Initial:** \_\_\_\_\_

**Return this form to: Mind N Body Fitness – 9 Fox Valley Dr. Orange Park, FL 32073**