

Life Altering Fitness Inc

1-WEEK FREE PASS

Name: _____ Sex: () Date of Birth: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Employer: _____

Membership Activation Date: _____ Expiration Date: _____

Life Altering Fitness Inc Release of Liability

I, the undersigned, acknowledge that I am in good health and verify that I am voluntarily choosing to participate in all activities at Life Altering Fitness at my own risk. I understand that it is my responsibility to consult a physician prior to participating in any fitness related activities at Life Altering Fitness. I certify that I am responsible for the knowledge of my own state of health and agree to only participate in activities that are permitted by my physician based on my health. If I have a change in health, I agree to notify the appropriate Life Altering Fitness staff and will modify my workout routine as needed, taking into account any and all limitations.

I fully understand and recognize that participating in fitness related activities involves risk of serious injury. I hereby assume all risk of injury, damage, illness, death, or other loss that may occur at Life Altering Fitness. I release Life Altering Fitness, owners, employees, trainers, agents, sponsors, and landlords from all liability, claims, and causes of actions from injuries, illness, death, damages, or loss that may occur in any activities utilizing the facilities and property of Life Altering Fitness based on my voluntary participation, other than grossly negligent or willful acts on the part of Life Altering Fitness. I understand and release Life Altering Fitness from liability for loss or theft of personal property brought to or left in the Gym.

I also understand that this Release extends to any minors or dependants for whom I am responsible and form part of the Membership Contract.

I agree to notify the proper gym personnel regarding any noticeable damage and/or problems with any equipment and property at the facility. I will not use any damaged equipment or property until further instructed by qualified individuals. Furthermore, I agree to comply completely with any requests and/or instructions that are made by Life Altering Fitness staff.

I hereby affirm that I have read and fully understand the above statements and rules and I accept full responsibility for failure to abide by these statements and rules.

Signature: _____ Date: _____

Print Name: _____

Phone: _____

