

PURE LIFE FITNESS

Registration & Release of Liability

Full Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Age _____ Date of Birth _____ Gender: Male _____ Female _____

Email address _____

Emergency Contact #1 _____ Relationship _____
(Last) (First)

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship _____
(Last) (First)

Home Phone _____ Work Phone _____ Cell Phone _____

In consideration of being allowed to participate in activities through Pure Life Fitness, the undersigned acknowledges and agrees that:

- I. I recognize that the risk of serious injury is increased by not following the stated guidelines.
- II. In consideration of being allowed to participate in a fitness assessment and personal fitness program provided by Pure Life Fitness, host company and facility, any owners, sponsors, volunteers, employees, agents, representatives, executors, officers, directors, of the above organization (collectively the "Releasees") and to use all facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Releasees and his agents, employees, representatives, executors and all others acting on his behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on his behalf, arising out of or connected with my participation in any activities, programs or services of Trainer or the use of any equipment provided and/or recommended by Releasees. I agree to comply with rules and regulations as posted and as set forth by teachers, instructors, and counselors.
- III. I have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury regardless of severity or death.
- IV. I do hereby further declare myself to be over the age of eighteen as of the date of signing this document, physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities, whether or not the activities require the use of any equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the fitness program. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.
- V. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my voluntary participation.
- VI. I understand that all information and services provided by Releasees is of a general nature and is provided for educational purposes only. None of the information or services provided by Releasees is to be taken as medical or other health advice pertaining to any specific health or medical condition that I may have or have had. The information and services provided by Releasees is not a diagnosis, treatment plan, or recommendation for a particular course of action regarding my health and is not intended to provide specific medical advice.
- VII. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately.

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PURE LIFE FITNESS

Registration & Release of Liability cont.

I, for myself and on behalf of my spouse, heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, Pure Life Fitness, the host company and facility, any owners, sponsors, volunteers, employees, agents, officers or directors of the above organizations, and if applicable, owners and lessors of premises used to conduct the event (collectively the "Releasees") with respect to any and all injuries, disabilities, loss of life or damage to person or property occurring or arising out of participation in the program.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. If participant is under the age of 18, this certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my spouse, my heirs, assigns, and next of kin, I forever release and agree to indemnify, defend and hold harmless Releasees from any and all liabilities as set forth above arising out of or occurring from my minor child's involvement of participation in Pure Life Fitness Programs organized or sponsored or run by any of Releasees, their agents or representatives.

I, _____, understand and agree to the terms of this contract.

Print Name

Self/Parent/Guardian Signature

Date

Medical Release

I, _____, hereby give permission for the staff of Pure Life Fitness to provide first aid treatment to myself or my child, _____, when necessary. In the event of a more serious illness or injury, I give permission for myself/my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to myself/my child if warranted. I understand that I will be contacted by Pure Life Fitness personnel as soon as possible regarding any emergency involving my child.

My first choice of hospital is _____ Address _____

Primary Physician _____ Address _____ Phone _____

Insurance Provider _____ Policy # _____

Self/Parent/Guardian Signature _____ **Date** _____

Photography Release

I, _____, hereby grant permission Pure Life Fitness to photograph myself and/or my child, to be appear in brochures, newsletters, video, websites (including Facebook, Instagram, and the Pure Life Fitness homepage), public and private advertising, or any other promotional literature.

Self/Parent/Guardian Signature _____ **Date** _____

PURE LIFE FITNESS

DATA COLLECTION SHEET

Name _____ Date _____
 (Last) (First) (Middle Initial)

Height _____ ft.in. Weight: _____ lbs Age: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	QUESTIONS	YES	NO
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

GENERAL & MEDICAL QUESTIONNAIRE

	OCCUPATIONAL QUESTIONS	YES	NO
1	What is your current occupation?		
2	Does your occupation require extended periods of sitting?		
3	Does your occupation require extended periods of repetitive movements? (If yes, please explain.)		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?		
	RECREATIONAL QUESTIONS	YES	NO
6	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)		
7	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)		
	MEDICAL QUESTIONS	YES	NO
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)		
9	Have you ever had any surgeries? (If yes, please explain.)		
10	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)		
11	Are you currently taking any medication? (If yes, please list.)		