

WALK - IN



Client Release of Liability & Waiver

I, _____, am knowingly signing up for a fitness program on this day ____/____/____.
I agree to all the terms and conditions that apply to this program.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YES or NO

Please read and answer all the questions honestly

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity that is recommended by them?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had ANY chest pain?
4. Do you lose your balance because of dizziness? Do you ever lose consciousness?
5. Do you have a bone or joint problem that can be made worse by changes in physical activity?
6. Is your doctor currently prescribing drugs for high blood pressure or other heart conditions?
7. Is there any other reason why you should not do physical activity?

To the best of my knowledge, I am free and clear of any disease, ailments, and or any medical physical condition that would be exacerbated due to participation in this fitness program.

INITIAL HERE: _____

LIABILITY WAIVER

By signing this form, I know that if I have a condition that has not been cleared by a medical professional, I will not hold Motiv8 Fitness or its trainers liable for any injuries, ailments, illnesses or even death resulting from participation that may occur during and/or after this fitness program. I understand and agree to participate in this fitness program under my own free will. My signature is acknowledgement that I understand the "at my own risk" policy during and after this program. I allow Motiv8 Fitness to post photos and videos of me participating at Motiv8 Fitness or any location where Motiv8 Fitness is participating.

NO REFUND POLICY

I understand and acknowledge that there is a "NO REFUND" policy with Motiv8 Fitness.

There will be no

refunds of any kind, at any time, for any reason. Although we are flexible in allowing you to participate in

any of the classes that we provide during your paid term, we do NOT allow for any make up sessions after your term has expired.

SIGNATURE: _____ EMAIL _____