

Pursuit of Perfection Fitness, LLC

Information, Waiver & Release

Name _____
Date _____ Date of Birth _____
Address _____
Phone _____ Email _____
Emergency Contact Name _____
Emergency Phone Number _____
Injuries and/or Chronic Medical Conditions _____
How did you hear about us? _____

Waiver & Release.

1. I represent that I am physically capable of participating in exercise and other programming provided by Pursuit of Perfection Fitness, LLC, and its instructors (collectively herein). I understand that physical exercise can be strenuous and subject to risk of serious injury and I understand that no exercise/activity program should be undertaken without the consent of a medical doctor and I am responsible for undertaking to obtain such consent.
2. I agree that if I engage in any physical activity, or use any Pursuit of Perfection Fitness, LLC amenity on the premises or off premises, including any sponsored Pursuit of Perfection Fitness, LLC event, I do so ENTIRELY AT MY OWN RISK. Any recommendations for changes in diet, including the use of food supplements and/or weight reduction products are entirely my responsibility and I will undertake to consult a physician prior to undergoing any dietary or food supplement changes.
3. I agree that I am voluntarily participating in the activities provided, directly and indirectly, by Pursuit of Perfection Fitness, LLC and the use of facilities and premises provided and ASSUME ALL RISKS of injury, illness or death.
4. I agree that Pursuit of Perfection Fitness, LLC is also not responsible for any loss of, or damage to, personal property.
5. I understand that the exercises provided by Pursuit of Perfection Fitness, LLC may be extremely demanding and I take full responsibility for knowing, monitoring and acting within my abilities and learning and incorporating any modifications or adaptations necessary to proceed with such activities in a safe and appropriate manner.
6. I agree that Pursuit of Perfection Fitness, LLC its directors, officers, members, employees, agents and assigns shall not be liable or responsible for any injuries to me which may occur as a result of (a) my use of all amenities and equipment provided by Pursuit of Perfection Fitness, LLC and my participation in any activity, class, program or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) Pursuit of Perfection Fitness, LLC's instruction, training, supervision or dietary recommendations, and (d) my slipping and/or falling while in the facility, or on Pursuit of Perfection Fitness, LLC's premises, including adjacent sidewalk areas.
7. I acknowledge that I have read this Waiver & Release and understand that it is a RELEASE OF LIABILITY.
8. I expressly agree to release and discharge Pursuit of Perfection Fitness, LLC and its directors, officers, members, employees, agents, affiliates, representatives, successors, assigns and instructors from any and all claims, causes of action or judgments that may arise out of any of the events noted in numbers 1 through 8 above and I agree to voluntarily forfeit or waive any right that I may otherwise have to bring legal action against Pursuit of Perfection Fitness, LLC for personal injury or property damage. To the extent that statute or case law does not prohibit release for ordinary negligence, this release applies to any ordinary negligence on the part of Pursuit of Perfection Fitness, LLC, its agents, officers, members, directors and employees.
9. I grant Pursuit of Perfection Fitness, LLC permission to use my likeness in photograph and video in any and all of its publications and in any and all other media, in perpetuity, and for other

use by Pursuit of Perfection Fitness, LLC. I will make no monetary or other claim against Pursuit of Perfection Fitness, LLC for the use of such photograph and video.

By signing this Waiver & Release, I acknowledge that I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I expressly agree that this release shall be binding upon my heirs, executors, administrators and assigns. Payment, Refund & Cancellation Policy. Payment for all products, services and special programs is required in full at the point of sale. All sales are final, all payments for products and services are non-refundable and services are non-transferable. Pursuit of Perfection Fitness, LLC reserves the right to terminate an individual's enrollment in any program or membership at any time. If such termination is due, in the sole judgment of Pursuit of Perfection Fitness, LLC, to the unsafe, disruptive, uncooperative, negligent, reckless or otherwise improper acts or omissions of, or violation of any policy or rule of Pursuit of Perfection Fitness, LLC by the client, all amounts previously paid, will be forfeited

Print Name: _____

Signature: _____ Date: _____

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is designed to help you help yourself. For most people, physical activity should not pose any problems or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check YES or NO opposite the question if it applies to you. If yes, please explain.

YES NO

- ____ 1. Has your doctor ever said you have heart trouble? Explain,
- ____ 2. Do you frequently have pains in your heart and chest? Explain,
- ____ 3. Do you often feel faint or have spells of severe dizziness? Explain,
- ____ 4. Has a doctor ever said your blood pressure was too high? Explain,
- ____ 5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Explain,
- ____ 6. Is there a good physical reason, not mentioned here, why you should NOT follow an activity program even if you wanted to?
- ____ 7. Are you over age 60 and not accustomed to vigorous exercise? Explain,
- ____ 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? Explain,
- ____ 9. Are you currently taking any medications? If YES, please specify. Explain,
- ____ 10. Do you currently have a disability or a communicable disease? If YES, please specify,

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you will need written permission from a physician before participating in physical and aerobic fitness activities at Pursuit of Perfection Fitness, LLC.

Print Name Signature Date

Please Note: If you contract a communicable disease, it is your responsibility to inform the staff of Pursuit of Perfection Fitness, LLC of this condition and your membership may be suspended until this condition is cured or in a state of remission.