

ALL ABOUT FITNESS, INC. BATTING CAGE CLIENT INFORMATION

CLIENT INFORMATION:

Athlete Name (print): _____ Age: _____ DOB: _____ / _____ / _____ Date: _____
Address: _____
Phones: Cell: _____ Home: _____ Work: _____ Email: _____
Emergency Contact: _____ 1st Phone: _____ 2nd Phone: _____

HOW DID YOU HEAR ABOUT US:

AREAS OF INTEREST:

TRAINING/FITNESS: _____ Individual Personal Training _____ Small Group Personal Training _____ Strength & Conditioning _____ Sports Specific Training
BATTING CAGE RENTAL: _____ Baseball _____ Softball _____ Iron Mike Pitching Machine _____ Golf Net
PRIVATE INSTRUCTION: _____ Hitting _____ Pitching _____ Fielding _____ Throwing _____ Catching _____ Group Lessons _____ Camps/Clinics
Team(s) / School: _____
Sport/Positions: _____

MEDICAL INFORMATION:

List recent injuries or surgeries, including dates: _____
List current medications, conditions or disease that we should know about: _____

CONTACT INFORMATION IF UNDER 18 YEARS OLD:

Mom: _____ Phone: _____ Email: _____
Dad: _____ Phone: _____ Email: _____

RELEASE OF LIABILITY, MEDICAL TREATMENT CONSENT & PARENTAL CONSENT FOR MINORS

I, the undersigned, for myself and my heirs, and legal representative, do declare the following:

1. That **I wish to participate in any and all activities and programs at ALL ABOUT FITNESS, INC.,** knowing that this involves strenuous physical activity. If ALL ABOUT FITNESS, INC. program participant is a minor, I, as the parent or guardian of said minor, **hereby gives my approval for said minor to participate in any and all activities of ALL ABOUT FITNESS, INC.;**
2. **That I am in good health** and do not have any health conditions or abnormalities that will increase my risk of participating in the use of the batting cages, baseball/softball activities or instruction;
3. That in consideration of my acceptance (or that of said minor) into this program, I hereby for myself, my heirs, executors, administrators, and assignees, **waive and release any and all rights and claims for damages** which may hereafter accrue to me (or said minor) or which I may have against ALL ABOUT FITNESS, INC. and any of its agents, representatives, independent contractors, successors, and assignees for any and all injuries, loss or damage suffered by me (or said minor) during the course of, or in any way connected with any All About Fitness, Inc. activities or programs;
4. That **I hereby give approval for a duly appointed member of ALL ABOUT FITNESS, INC to seek or administer emergency first aid or medical attention** requested for the safety or well-being of myself (or my minor child if program participant is a minor) while participating in any and all activities and programs of ALL ABOUT FITNESS, INC, as well as the activities of the organizers, sponsors, supervisors, the attending physician, the hospital medical group involved in the emergency medical attention or first aid of myself (or minor child if program participant is a minor);
5. **I give my consent for ALL ABOUT FITNESS, INC. to use my (or said minor's) photographs,** videotape, or other recordings containing my (or said minor's) image, and /or voice as part of ALL ABOUT FITNESS, INC.'S marketing and public relations;
6. I am aware that injuries could occur from the use of this device. **I assume the inherent risks of batting baseballs/softballs and the activities performed inside the batting cages.** If I have any questions about the use of this device or the inherent risks associated with the use of this device, I will ask the attendant before using the batting cages. I am aware that I must wear a helmet at all times while hitting inside the net and that only one hitter is allowed inside the net while using the Iron Mike Pitching Machine. I will not attempt to make adjustments to the pitching machine. I am aware that when the pitching machine red light is on there is another pitch coming, even after turning off the machine. I agree to read the posted batting cage rules and abide by those rules;
7. ALL ABOUT FITNESS, INC. is not responsible for any lost or stolen items.

I have fully informed myself of the contents of this Release of Liability and Medical Treatment Consent by reading it before I signed it, and I declare under penalty of perjury that the foregoing is true and correct.

Athlete Signature: _____ Printed Name: _____ Date: _____

IF PARTICIPANT IS UNDER 18 YEARS OLD

A parent or legal guardian must sign below. I have fully informed myself of the contents of this Release of Liability, Medical Treatment Consent and Parental Consent For Minors by reading it before I signed it. By signing below I am declaring under penalty of perjury that all of the above is true for said minor. Minor will still sign above as Athlete.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

If under 18 years old, must be signed by a parent or legal guardian