



2017 Participant Information Form

Name: _____ Date: _____

Address: _____

Birth Date: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please list any health issues/concerns or injuries you are currently experiencing:

Please list any medications you are currently taking:



2017 Group Training / Fitness /Personal Training Agreement

Eligibility

- Clients must sign a Waiver, Agreement and Participant Information Form to participate in Group Training/Fitness through *Personal Outlook*.
- Clients will be required to complete one or more of the following documents prior to exercising with *Personal Outlook*:
 - Group Training / Fitness Agreement.
 - Waiver of Liability/Informed consent for participation in training/fitness programs
- *Personal Outlook* reserves the right to deny services to a participant who may not be able to exercise safely within the program parameters.
- If it is determined that the client has one or more risk factors, based on the criteria set forth by the American College of Sports Medicine, that could be a potential risk during exercise, he/she will be referred to his/her doctor for a medical clearance.

Conduct of Training / Fitness Sessions

- Group Training / Fitness classes/sessions will be a maximum of 45 minutes in length unless otherwise noted.
- All group classes will **begin** at the scheduled time made by trainer.
- Participants must wear proper attire (i.e. shorts, workout pants, t-shirt, tennis shoes, etc.) No jeans, jean shorts, sandals, or open toe shoes will be permitted.
- Each group participant will purchase the amount of classes per month and pay in advance for classes.
- CANCELATIONS: If participant cancels class you must find another class during the month to make it up unless arrangements with Monica are made.
- Group training / fitness sessions are non-transferable and non-refundable, and must be used within the elected amount of time (within the month) or unless otherwise approved for extension by Personal Outlook; Group sessions will be forfeited if you are a "no-show."

I have read and understand the following agreement:

Participant's Name

Date



2017 WAIVER OF LIABILITY

I _____, hereby accept all risks associated with my participation in Personal Outlook fitness programs/classes/training and release and forever discharge Personal Outlook, its personal trainers/instructors, and any other officers, agents or volunteers of Personal Outlook from any and all responsibilities or liability from injuries or damages resulting from or connected with my participation in any of the exercise programs whether arising from the negligence of the releases or otherwise.

I also acknowledge that some exercise programs might be held outside of Personal Outlook Fitness Studio location and hereby accept all risk associated with all offsite exercise programs/classes/training.

I understand that a physician's approval is highly recommended prior to participating in this program.

Personal Outlook and its employees will implement the most effective principals to help the participant achieve his/her goals within the trainer's scope of practice, but cannot guarantee that its services, programs, techniques and materials embodied in such services, are offered without warranties or guarantees of any kind, expressed or implied, and the trainer, Personal Outlook and its employees disclaim any liability, loss or damages that may result from their participation.

I acknowledge and fully understand that I will be engaging in training activities that potentially involve the risk of serious injury, permanent disability or death. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all of the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability or death.

I have read this document in its entirety and agree to adhere to all its guidelines, as well as all other terms and conditions of Personal Outlook classes/training/programs. I understand the risks and benefits of the programs and any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge, release and hold harmless the trainer, Personal Outlook and its employees, and any other officers, agent or volunteers from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation.

Participants Signature Date

Signature of Parent/Legal Guardian Date
(If participant is under the age of 18)