



REGISTRATION/WAIVER FORM:
A completed signed Registration/Waiver form is required prior to participation.
Please complete and provide to your trainer at your first class.

Admin use only:
SP ☐ EM ☐
CC ☐ SCN ☐
Member #

FIRST NAME			Address			APPT							
LAST NAME			City										
Middle Initial			State/Prov										
Nick Name			Country		Zip								
E-MAIL			Home Phone										
Training Type Check one or more:			Mobile										
BOOTCAMP	<input type="checkbox"/>	MTP	<input type="checkbox"/>	PT	<input type="checkbox"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/>						
Location/Park			Occupation										
Start Date			Height		Ft		Ins	Weight					
Scheduled 1 st Class			Birth Date										
Paid Via	Cash	<input type="checkbox"/>	Pay Pal	<input type="checkbox"/>	Emerg. Contact								
	Free Trial	<input type="checkbox"/>	Swipe	<input type="checkbox"/>	Phone								
	Voucher	<input type="checkbox"/>	Amazon	<input type="checkbox"/>	Relationship								
	Check	<input type="checkbox"/>	\$	NOTES:									
Check #													
Referral Source. Where did you first hear about us?													
Website	<input type="checkbox"/>	AD	<input type="checkbox"/>	Flyer	<input type="checkbox"/>	Amazon	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other	<input type="checkbox"/>	Specify	

PRE-ACTIVITY SCREENING*

Regular physical activity is enjoyable, safe, and healthy for most people. However, some individuals may have health-related risks that might be aggravated by participation in a physical-activity program, and, as a result, might require them to check with their physician prior to embarking on a physical-activity program. To help determine if there is a need for you to see your physician before beginning an exercise program, please answer the following questions carefully. All information will be kept strictly confidential.

PRE-ACTIVITY SCREENING QUESTIONS

1. Has your physician ever told you that you have a heart condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you experience pain in your chest when you are physically active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In the past month, have you experienced chest pain when not performing physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you lose balance because of dizziness or do you ever lose consciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Is your physician currently prescribing medications for your blood pressure or a heart condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you know of any other reason why you should not participate in a physical-activity program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered YES to any of the questions above, it is required that you consult with your physician, by phone or in person, before having a fitness test or participating in a physical-activity program.

By signing below, I confirm that I have read and understand the information above. I also confirm that **I have read and understand the SGO Fitness Physical Fitness Program Participation Assumption of Risk and Liability Waiver Agreement**, including the waiver of liability, assumption of risk, indemnity agreement, and authorization, fully understanding its terms, and I understand that I have given up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____ Date: _____

Print Name: _____

SGO Fitness Physical Fitness Program Participation Assumption of Risk and Liability Waiver Agreement

LIABILITY WAIVER

In consideration of permission to use and participate, today and on all further dates, the property, facilities, staff, equipment and services of the *SGO Fitness Physical Fitness Program*, I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue SGO Fitness and/or the Trainer, his/her affiliates, officers, directors, agents, or employees from all such claims, demands, injuries, damages, causes of action, or liability in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, those resulting from negligence, arising either directly or indirectly from my participation in, observation of, or use of, a club's facilities, programs, equipment, and/or service

Signature of Client _____

Date _____

Signature of Parent/Guardian (if applicable)

ASSUMPTION OF RISK & ACCEPTANCE OF RESPONSIBILITY

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The *SGO Fitness Physical Fitness Program* may include activities such as weight lifting, running, aerobics, circuit training, and/or strength training. These activities may involve strenuous exertions of strength using various muscle groups, quick movements involving speed and change of direction, and/or sustained physical activity, which may place stress on the cardiovascular system.

The specific risks vary depending on the specific activity engaged in. Risks also vary depending on the individual's health, actions, omissions, and other circumstances. The risks associated with activity participation can range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I agree to abide by the rules of the SGO Fitness Program, including the completion of a pre-activity screening questionnaire and/or health/medical information questionnaire prior to participation in any physical activities. I further agree that all use of programs, and services shall be undertaken at my sole risk and that SGO Fitness and the Trainer, shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from negligence, arising either directly or indirectly out of my participation in the Trainer's fitness programs, and services. I also agree that I am responsible for my own personal safety, and I will not put others at risk due to my personal decisions, or failure to follow program and/or Trainer instructions.

I declare that I have completed a pre-activity screening questionnaire and/or health/medical information questionnaire and that I am physically able to participate in physical activity. Furthermore, I acknowledge that the Trainer has advised me to obtain a physician's clearance in the event that my answers on the pre-activity screening questionnaire and/or health/medical information questionnaire indicate that I should not participate in a program of physical activity without a physician's clearance, or if the Trainer is unsure of my physical health yet I maintain that I am physically capable of pursuing physical activity without such steps being taken or has done so.

I agree not to participate in or attempt to participate in any activity that I deem above my personal capabilities, beyond my personal comfort level, or that is not recommended by my personal physician. I further acknowledge that my participation in extreme diet programs and/or the use of weight loss products throughout the duration of the program is extremely dangerous and strictly prohibited. I acknowledge that following healthy and safe nutritional practices are important to my safety and success throughout the duration of the program, and that extreme caloric deficit and/or deprivation can be unhealthy and substantially increase risk of injury. I agree to monitor proper hydration and nutrition at all times. I agree to follow the advice and/or guidance of the Trainer and any recommendations for my personal safety and the safety of others.

I have read the previous paragraphs and I acknowledge, understand, and appreciate these and other risks that are inherent in the activities which may be associated with participation in *SGO Fitness's Physical Fitness Program*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature of Client _____

Date _____

Signature of Parent/Guardian (if applicable)

INDEMNIFICATION AND HOLD HARMLESS

I agree to defend, indemnify and hold SGO Fitness harmless from any and all claims, action, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought by any person or entity related to my participation in the SGO Fitness Physical Fitness Program and to reimburse them for any such expenses incurred.

Signature of Client _____

Date _____

Signature of Parent/Guardian (if applicable)

AUTHORIZATION TO USE NAME AND/OR LIKENESS

I hereby consent to and grant my permission to SGO Fitness, and its successors, assignees and licensees, to use my name and/or likeness ("Name and/or Likeness") in promotional and/or marketing materials, including but not limited to, the website, print advertisements and mail campaigns in such manner as SGO Fitness may determine in its sole discretion in connection with the promotional materials and to reproduce in connection with, advertising, publicizing, exhibiting and exploiting SGO Fitness in whole or in part, by any and all means, media, devices, processes and technology now or hereafter known or devised in perpetuity throughout the universe. I hereby acknowledge that SGO Fitness shall have no obligation to utilize my Name and/or Likeness in the promotional materials. I understand that by signing this form, I waive all rights of privacy or compensation which I may have in connection with such use of pictures, images, voice, and/or videos taken of me. I also understand that I reserve the right to request pictures, images, voice, and/or videos of myself to be removed from marketing materials or public display at any time and that SGO Fitness will comply with such requests to the best of their capabilities.

GENERAL TERMS

The parties hereto agree that this agreement shall constitute the entire agreement between the parties for the subject matter contained herein, together with any agreement related to the amount of fees charged by SGO Fitness. This agreement may be executed in counterparts and transmitted electronically or via facsimile. This agreement is entered into in San Diego County, California, and services related thereto are provided in San Diego County, California. The parties agree that San Diego County, California, shall be the appropriate venue for any disputes between the parties, and that this agreement shall be governed by California law, without respect to choice of law provisions.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read this waiver of liability, assumption of risk, indemnity agreement, and authorization, fully understanding its terms, and I understand that I have given up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Client Signature: _____

Date: _____

Print Name: _____