



Name: _____ Phone: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Email Address: _____ Referred by: _____

What brings you here today? **Personal Training Fitness Classes Youth Programs Baseball Skills Birthday Parties**

Would you like us to contact you about your FREE Personal Training Consultation? Yes, Please No, Thanks

Please list any and all health conditions you may have that could be worsened by increased activity levels, as well as any allergies and medications that you have currently been taking: _____

Assumption of Risk

The risk of injury from the activities involved in this facility is significant, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the FUNCTIONS OF LIFE, LLC, its owners, operators, affiliates, employees, agents, vendors, and volunteers (all jointly and severally referred to hereafter as "FUNCTIONS OF LIFE"), or other participants, and assume full responsibility for my participation. I willingly agree to comply with the stated and customary terms and conditions for participation. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT PARTICIPANTS SHOULD HAVE A PHYSICAL EXAMINATION BEFORE COMENCING ANY EXERCISE OR PHYSICAL PROGRAM/ACTIVITY. I fully understand and appreciate the type of activity involved in fitness training and the equipment to be used for such training, and I hereby assume all risks associated with the use of such equipment.

➔ _____ (Initial)

Waiver of Liability and Indemnification Agreement

I, for myself on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and discharge from all liability, and waive all claims, demands, and actions against FUNCTIONS OF LIFE with respect to any and all injury, disability, harms, damages, death, or loss or damage to myself or my property, whether arising from the negligence of FUNCTIONS OF LIFE or otherwise, to the fullest extent permitted by law. I agree to defend, indemnify and hold FUNCTIONS OF LIFE harmless against any and all claims, demands, and actions brought by anyone against FUNCTIONS OF LIFE with respect to any and all injury, disability, harms, damages, death, or loss or damage to myself or my property, whether arising from the negligence of FUNCTIONS OF LIFE or otherwise, to the fullest extent permitted by law.

If this agreement is executed on behalf of a minor child, the following also applies: On behalf of my child and my child's heirs, assigns, personal representatives and next of kin, I hereby release and discharge from all liability, and waive all claims, demands, and actions, and hereby agree to indemnify and hold FUNCTIONS OF LIFE harmless with respect to any and all injury, disability, claims, damages, death, or loss or damage to my child or my child's property, whether arising from the negligence of the FUNCTIONS OF LIFE or otherwise, to the fullest extent permitted by law. I further agree and covenant not to make any claim or bring or file any action or lawsuit against FUNCTIONS OF LIFE for any injury or damage in any way related to my child's activities at any facility associated with the operations conducted by FUNCTIONS OF LIFE.

➔ _____ (Initial)

Video/Picture Release: I hereby authorize Functions of Life to capture and use any videos or photos taken for purposes of promotions and advertising. I also waive any rights of compensation or ownership thereto.

I HAVE READ THIS DISCLAIMER OF LIABILITY AND RELEASE OF CLAIMS, FULLY UNDERSTAND ITS TERMS, UNDERSTAND AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

➔ **Client Signature (Parent/Guardian if under 18):** _____ **Date:** _____