***407 Halifax Street, Emporia VA 23847***

***Gene Porter Certified Personal Trainer/Master Trainer Tel: 804-704-4787***

S.T.R.ON.G TEMPLE FITNESS

AND PERSONAL TRAINING



**Basic membership**

($20)5am-8pm

***Please print clearly and return completed agreement to gym location***

Date: \_\_\_\_\_\_\_\_\_\_

Current Member? ⃝YES ⃝NO If yes, please write member #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_Sex:⃝Female⃝ Male

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physicians Examination Waiver:**

You should consult with your physical before beginning exercise class or any type of workout program. Factors unknown to you may have an adverse on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur and that I should consult with and obtain a physician’s approval prior to beginning a fitness/exercise program. If I choose to not get a physician’s approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in anyway. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntary. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in anyway. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

**Waiver of Liability**

I, undersigned have enrolled in a fitness/exercise program of strenuous physical activity which may include but I not limited to aerobic conditioning and cardiovascular conditioning, weight training, strength training and flexibility training offered by S.T.R.ON.G Temple Boot Camp and their staff. In consideration of my participation in this fitness/exercise program, the undersigned, for myself, my heirs, and assigns, herby release S.T.R.ON.G Temple Boot Camp (its owner, employees, facility, organization business or any persons involved with the fitness/exercise program), from any claims, demands and causes of action arising from my participation in the fitness/exercise program. I fully understand that I may injure myself as a result of my participation in the fitness/exercise program and I do herby release S.T.R.ON.G Temple Boot Camp (its employees and owner), from any liability now or in the future including but not limited to heart attacks, muscle, strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back injuries and other illness, soreness or injury caused, occurring, during or after my participation in the fitness/exercise program.

**Model Release**

I, the undersigned do hereby given to S.T.R.ON.G Temple Boot Camp, the irrevocable, right to use my name (or any fictional name), picture, portrait, image or photograph in all forms and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes and I waive any right to inspect or approve the photograph (s) and/or videos finished version (s) incorporation the photograph (s) and/or videos, including written copy that may be created and appear in connection therewith. I hereby release and agree to hold harmless the Photographer, his or her assigns, licenses, successors in interest, legal representatives and heirs from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may be occur or be produced in the taking of the photographs, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity. I agree that the photographer who owns the copyright in these photographs and/or videos or works and I hereby waive any claims I may have based on any usage of the photographs and /or videos or works derived there from, including but not limited to claims for either invasion of privacy or libel. I am of full age and competent to sign this release. I agree that this is release shall be binding on me, any legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents.

I hereby affirm with my signature below that I have read, understand and agree to all of the above in its complete entirety!

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Information**

**Draft Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1st of the Month** **Draft Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_15th of the Month**

**⃝ ACH or ⃝Debit Card**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized payment of my monthly membership dues by an automatic draft from:

|  |  |  |
| --- | --- | --- |
| Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Credit Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CCV Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Member’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By Signing I agree to enter S.T.R.ON.G. TEMPLE Gym at my own risk and not give my access information to anyone or bring anyone in before or after visitation hours \*\*If you withdraw from contract you will fined a fee of $75.00**