

# Alameda Fitness Center Membership, Class & Program Agreement

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

## PERSONAL INFORMATION

Last Name	First Name	
Address	City	State, Zip
Phone Number (Home)	Phone Number (Alternate)	
Email Address		

## CUSTOMER INFORMATION

Waiver Type	<input type="checkbox"/> General Membership <input type="checkbox"/> Family Membership <input type="checkbox"/> Program <input type="checkbox"/> Group Fitness <input type="checkbox"/> Personal Training
I choose to receive my monthly invoice (memberships) <input type="checkbox"/> By mail <input type="checkbox"/> By email (Please list email above. Emails are only used for invoicing)	
Personal Training Clients Only AFC requires a 24 hour advanced cancellation notice for all personal training appointments. Please initial to the right that you understand our 24 hour cancellation policy.	Initial

## ACCOUNTING\*

Facility Membership	\$	Programs	\$	Personal Training	\$
Group Fitness	\$	Nutrition	\$	Other	\$
Total Due Today	\$				

## WAIVER

Initial	Read Thoroughly and Initial to the Left
	I understand and agree that prior to starting any exercise program at Alameda Fitness Center, LLC ("AFC") I should consult a physician and have a physical examination. I understand and agree that recommendations, instructions and advice provided by AFC, its owners, employees, or agents are in no way intended to be construed as medical advice and are offered for informational purposes.
	I understand and agree that AFC, its owners, employees or agents cannot confirm certain representations made by me including, but not limited to, representations as to my diet, physical condition, or workout routine.
	I understand and agree that activities and exercises I engage in at AFC, whether on or off premises, involve inherent risk of injury, whether I or someone else causes it. I agree to abide by decisions of AFC, its owners, employees or agents as to my ability to safely complete activities on or off premises. I voluntarily agree to assume all risks with said activities including, but not limited to, injury caused by anyone engaging in AFC activities, such as contact with other members, falls, effects of the weather such as high heat or humidity, traffic, and the condition of the road outside the premises, all risks being known and appreciated by me.
	I agree that AFC, its owners, employees or agents will not be liable for any injury, including but not limited to, personal, bodily, or mental injury, economic loss, or any damage to me, my spouse, guests, unborn children, or relatives.
	I further understand that AFC does not manufacture any of the equipment on its premises, but purchases and/or leases the equipment from third parties. As such, I understand and acknowledge that AFC may not be held accountable for defective products.

I have read this waiver and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature	Date Signed
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AFC Authorization
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\*Rates are subject to adjustment at anytime with 30 days notice.



**COSIGNER/RELEASE**

**Parent or Guardian:** I have read and understand this agreement. I promise to pay any financial obligation that my minor child does not pay for any reason. I affirm that I have the authority to enter into this agreement on behalf of my minor participant. I agree to be bound by terms of this agreement.

<b>Last Name</b>	<b>First Name</b>	
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Phone Number (Home)</b>	<b>Phone Number (Alternate)</b>	
<b>Parent or Guardian Signature</b>		<b>Date</b>

**Please list any medical conditions or health concerns you may have, in case of emergency.**

**EMERGENCY CONTACT INFORMATION**

<b>Last Name</b>	<b>First Name</b>
<b>Phone Number (Home)</b>	<b>Phone Number (Alternate)</b>

**Physical Activity Readiness Questionnaire**

Regular physical activity is fun and healthy, and increasingly people are becoming more and more active every day. Being more active is very safe for most people; however, some people should check with their doctor before they become more physically active.

If you are planning to become more physically active than you are now, start by answering the seven questions below. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Yes	No	
		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
		7. Do you know of any other reason why you should not do physical activity?

If you answered yes to one or more questions talk with your doctor BEFORE you start becoming more physically active. Talk with your doctor about the types of activities you wish to participate in and follow his/her advice.

If your health changes so that you then answer YES to any of the above questions, it is also advised that you talk to your doctor before continuing on with activities.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

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