



Client Information and Waiver

Name:

Address:

Phone Number:

Email:

(email will be used for important gym announcements, so please use an email you check regularly)

How did you hear about Achieving Your Best?

Waiver and Release:

I, the undersigned, have enrolled in a fitness/exercise program of strenuous physical activity which may include but is not limited to aerobic conditioning and cardiovascular conditioning, weight training, strength training and flexibility training offered by Achieving Your Best, LLC and their staff. In consideration of my participation in this fitness/exercise program, the undersigned, for myself, my heirs and assigns, hereby release Achieving Your Best, LLC (it's 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 hereby release Achieving Your Best, LLC (it's 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/foot injuries and any other illness, soreness or injury caused, occurring, during or after my participation in the fitness/exercise program.

Physicians Examination Waiver: ATTENTION: You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse affect 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 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 any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

Please be advised that you may be photographed or videotaped during your visit to Achieving Your Best, LLC and posted to social media, our website, or advertisements and this waiver is a consent to use your photograph or video for business purposes only.

AYB requires cancelation of class bookings and appointments AT LEAST 8 hours prior to the scheduled class/appointment or you may be charged a fee.

I hereby affirm with my signature below that I have read, understand and agree to the above.

Print Name:

Signature:

Date: