



Registration Form

Name	Age	Sex	Height	Weight
Address	Street	City	State	Zip
Daytime Phone	Evening Phone	Email Address	Emergency Contact & Phone Number	

Medical History: You are responsible for fully disclosing your medical history before beginning any T⁷ Fitness Assessment or training program. If you answer "Yes" to any of the following, you must seek medical approval and advice before you may begin such a program.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have a history of heart trouble or any pains in heart or chest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you experienced any feelings faint or spells of severe dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have any muscle, joint, bone or back problems that are aggravated by exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have a history of high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is there any other physical reason you should not participate in a fitness program? |

Fitness Program Options:

Individual fitness training sessions:

- I would like _____ one hour sessions at \$ _____ per hour. These sessions will expire ____/____/____.
- I would like _____ 30 minutes sessions at \$ _____ per half hour. These sessions will expire ____/____/____.

My total individual training sessions will cost \$ _____

Youth sports training program:

- I would like to participate in the T⁷ Fitness youth sports training program. This begins _____ and ends _____.

My total sports training program will cost \$ _____

Payment: Based on the options that I have selected above, my total payments today to T⁷ Fitness will be \$ _____. I agree to pay today's amount by:

- Credit Card Type of Card: Visa Master Card
- Check Payable to T⁷ Fitness
- Cash

Assumption of Risk & Waiver of Liability: Participation in any T⁷ Fitness training program involves inherent risks and I will stop any activity or program if I feel discomfort of any kind. While I'm in good physical condition and have no disabilities that prevent or limit my participation, there is an inherent risk of injury, whether caused by me or someone else, in the use of T⁷ fitness equipment and services, and participation in or adherence to T⁷ Fitness programs. I understand and voluntarily accept this risk of participating in any T⁷ Fitness training program and that I do have a Primary Care Physician I can contact regarding any medical problems that may develop. The undersigned on behalf of myself, my heirs, personal representatives, or assigns expressly waives, releases, discharges and agrees not to sue from any liability of death, disability, personal injury, or action of any kind T⁷ Fitness, LLC, Employees, trainers, or The Common Ground for the undersigned participating in said activities or events and/or training for said activities or events.

I have answered all the questions on the T⁷ Fitness Registration Form, Medical History, and Assumption of Risk and Waiver of Liability and have answered all questions to the best of my ability and recollection. I willfully enter this program at my own risk and hereby release T⁷ Fitness, LLC and The Common Ground of any and all liabilities.

Terms and Conditions: All amounts paid under this agreement are nonrefundable. All fitness training programs/sessions must be completed by the date described above or they are forfeited. If you do not cancel an individual training session at least 24 hours in advance, the session cost is nonrefundable.

Signature	Print Name	Date
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****All contracts are void 1 year from the date on the form****