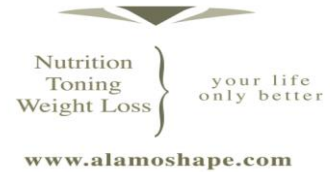


AlamoShape

Women's Fitness Classes, Personal Training,
ShapeTraining Waiver



Name _____ Date _____

Address _____ Phone _____

Emergency Contact _____ Phone _____

How did you hear about us? _____

Let us help make exercise fun for you. What are your preferences for the following?

Music selection: _____ Music volume: _____

Type of exercise _____ Body parts worked _____

Other _____

Just a few guidelines to make things run smoothly ☺ Please initial understanding.

- 1) Members *may* elect to bring their own equipment to use, but must mark it with their name, and either secure it in a separate area or take it from the club if they are not agreeable to allowing others to use it _____
- 2) Dues are \$32/month and pro-rated \$1/day after the 10th of the month with the following month's dues collected at that time. _____
- 3) I have completed the Health History Form on the reverse page _____
- 4) I understand that I am not to lift more weight than I am able to safely lift, and that I am ultimately to perform any exercises only to the point that I can do so safely, and that all students are to work out at their own safe level. _____

INFORMED CONSENT & WAIVER OF LIABILITY:

I understand that fitness activities such as weightlifting, cardio, flexibility, Karate, dance, kickboxing and aerobic exercise including the use of equipment are potentially hazardous and involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved and I expressly agree to assume and accept any and all of these risks. I do hereby declare myself to be physically sound and suffering from no illness, impairment, disease, disability, or other condition that would prevent or limit my participation in an exercise program or the use of exercise equipment. I acknowledge that I have either had a physical examination or been given my physician's permission to participate, or that I have decided to participate in physical activity and use of exercise equipment without the approval of my physician and do hereby assume all risks and responsibility for my participation. In consideration of being allowed to participate in the activities and programs of The Aerobics Club, ShapeTraining, Personal Training and the RoadMap to Fitness, (collectively www.alamoshape.com) and to use the associated facilities and equipment, I do hereby waive, release, and forever discharge www.alamoshape.com and its board of directors, instructors, any present and future owners, employees, contractors, administrators, agents, representatives, and all others from any and all claims, suits, damages, demands, or actions, including those caused by passive or active negligence by any of those mentioned or others acting on their behalf, arising from or connected with my participation in any services, activities, or exercise programs of www.alamoshape.com or from the use of any of its facilities or equipment, to include any outside activities associated with AlamoShape such as group runs or walks.

Printed Name: _____

Signed _____ Date _____

"It's never too late to be who you might have been." --- George Eliot