



INTAKE FORM

STAFF NOTES:

NAME: _____ DATE OF BIRTH: _____

MOBILE PHONE: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY/ZIP CODE: _____

EMERGENCY CONTACT: Name/Phone/Relationship _____

WERE YOU REFERRED HERE BY SOMEONE? YES / NO If so, by whom? _____

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU EVER WORKED OUT AT INFINITY FITNESS AZ? YES / NO (Circle One)

IS INFINITY FITNESS AZ CONVENIENTLY LOCATED TO YOU? YES / NO (Circle One)

HOW OFTEN DO YOU CURRENTLY WORK OUT EACH WEEK? None 1-2x 3-4x 5-6x Every Day (Circle One)

Circle ALL the class days and times you are able to attend

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5am	5am	5am	5am	5am	7am	9am
6am	6am	6am	6am	6am	8am	
7am	7am	7am	7am	7am	9am	
8am	8am	8am	8am	8am		
9am	9am	9am	9am	9am		
12noon	12noon	12noon	12noon	12noon		
4:30pm	4:30pm	4:30pm	4:30pm	4:30pm		
5:30pm	5:30pm	5:30pm	5:30pm			

*** 10am BOXING & STRETCH Offered on Alternating Thursdays

WHAT ARE YOUR PERSONAL FITNESS GOALS? (Circle all that apply)

Weight/Fat Loss Gain Muscle Improve Overall Health Stay/Feel Younger Participate in a Race/Competition

ON A SCALE OF 1-10, HOW PASSIONATE ARE YOU TO ACHIEVING THESE GOALS? _____

ARE YOUR FRIENDS AND FAMILY SUPPORTIVE IN HELPING YOU REACH THESE GOALS? YES / NO (Circle One)

DO YOU HAVE ANY INJURIES OR RESTRICTIONS THAT WE SHOULD KNOW ABOUT? _____

IN THE PAST, WHAT OBSTACLES HAVE PREVENTED YOU FROM REACHING YOUR GOALS? WHAT HAS HELPED?

WORKING OUT WITH FRIENDS AND FAMILY IS SO MUCH MORE MOTIVATING! WE WOULD BE SO GRATEFUL IF YOU COULD REFER SOME PEOPLE THAT WE CAN POLITELY CONTACT:

NAME: _____ PHONE: _____ EMAIL: _____

NAME: _____ PHONE: _____ EMAIL: _____

ANY QUESTIONS FOR US? _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the Infinity Fitness AZ activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of such activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: Infinity Fitness AZ (a) ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Infinity Fitness AZ, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
4. MEDICAL RELEASE: I hereby give my consent to Infinity Fitness AZ to provide emergency care and to give authority to any hospital, or doctor or render immediate aid as might be required at the time for his or her health and safety.
5. IMAGE RELEASE: I hereby give my consent to Infinity Fitness AZ to use my and/or my child's image in any form of media, including print, television, internet, for advertisement, and promotional purposes.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION):

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to

indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature (Parent/Guardian if participant under Age 18)

DATE

Name PRINTED (Parent/Guardian if participant under Age 18)

DATE