Client Profile

Name:_____ Date:_____

Address: _____ Postal Code:_____

Home (: _____ Bus (: _____

Email : :_____ Birthdate:_____/_____/_____
dd mm yy

Has a Medical Doctor ever advised you **NOT** to exercise? *(If **YES**, for your well being a medical note is required before starting classes)*

Please circle…**YES** **NO**

Health concerns – asthma, high blood pressure, recent surgery, pregnant etc. *(should you become pregnant after completing this form, a medical note is required to continue classes)*

_____
_____
_____

Prescribed medications - please list

_____
_____
_____

Injuries - please describe

_____
_____
_____

Current activity level/exercise routine – gardening, sports, exercise programs etc.

_____
_____

Occupation

_____

Whom may we thank for referring you?

_____

This agreement affects your legal rights. Please read it carefully.

You, the Member, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities for personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

to waive all claims, known or unknown, that you have or may have in the future against Judy's Group Fitness Inc., including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees ("the organization");

that Judy's Group Fitness Inc. is not liable or responsible for any damage to, loss or theft of your property;

to release and forever discharge Judy's Group Fitness Inc. from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Judy's Group Fitness Inc.; and

to be liable for and to hold harmless and indemnify Judy's Group Fitness Inc. from all actions, proceedings, claims, damages, cost demands, including courts costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.

Please consult your physician prior to staring an exercise or fitness program, and prior to using the Facility.

I acknowledge, agree and represent that I understand the nature of Judy's Group Fitness Inc. and that I am qualified, in good health and in proper physical condition to participate in activities. I have completed the **Client Profile** form prior to starting classes and any special health/physical conditions have been noted on said form.

I understand that Judy's Group Fitness Inc. assumes no responsibility for replacing lost or stolen items.

By signing below I understand that I waive all claims of damages against Judy's Group Fitness Inc. in any case of injury resulting from my participation in any activity offered by Judy's Group Fitness Inc.

I understand and have signed the waiver without inducement or assurance of any nature.

Today's Date: _____/_____/_____
dd / mm / yy

Your full name: _____
(please print)

Your signature: _____
(must be 16 years and over or parent/legal guardian)

I, _____ *the minor's parent and/or legal guardian understand all of the above and I am signing on behalf of the minor.*

Emergency Contact: _____Relation: _____
(please print) *(please print)*

Tel : _____

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