



Office: 408-227-2216
Fax: 408-549-9961
www.totalfitsolutions.com

Name First _____ Last _____

Date of Birth _____ Gender _____
M D Y M
F

Email _____

Login _____ Same as email - This will be your login id

Password _____ Used to enter member site (max 10)

Password Confirm _____

Mailing Address Street _____
City _____
State _____
Zip _____
Phone: _____

Billing Address _____ Same as mailing
Or
Street _____
City _____
State _____
Zip _____
Phone: _____

Program Type: _____

Class Location: _____

Paid Amount: _____ Paid Method: Cash Check Visa/MC Number: _____
Expiration: _____

Thank you for choosing to participate in the services, or programs of TotalFit Solutions. We request your understanding and cooperation in maintaining both your and our safety and health by reading and agreeing the following informed consent and release of liability.

Informed Consent

I, _____, declare that I intend to use some or all of the activities, programs, and services offered by TotalFit Solutions and I understand that each person, (myself included), has a different capacity for participating in such activities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of TotalFit Solutions brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by TotalFit Solutions are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such services.

I recognize that by participating in the activities, programs, and services offered by TotalFit Solutions, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further information about the activities, programs, and services offered by TotalFit Solutions at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Signature

Date

Agreement and Release of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of TotalFit Solutions and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge TotalFit Solutions and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities and liability for injuries or damages resulting from my participation in activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities or programs of TotalFit Solutions. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or programs of TotalFit Solutions at any of their facilities or locations.

I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I here by agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of these activities and programs of TotalFit Solutions or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for my physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I declare that I have read, understood, and agree to the contents of this agreement and release of liability in its entirety.

Signature

Date

Health History Questionnaire

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with a doctor before starting to exercise with TotalFit Solutions, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

| YES | NO | |
|-------|-------|---|
| _____ | _____ | Do you have a heart condition? |
| _____ | _____ | Have you ever experienced a stroke? |
| _____ | _____ | Do you have epilepsy? |
| _____ | _____ | Are you pregnant? |
| _____ | _____ | Do you have diabetes? |
| _____ | _____ | Do you have emphysema? |
| _____ | _____ | Do you feel pain in your chest when you engage in physical activity? |
| _____ | _____ | Do you have chronic bronchitis? |
| _____ | _____ | In the past month, have you had chest pain when you were not doing physical activity? |
| _____ | _____ | Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| _____ | _____ | Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| _____ | _____ | Has a physician ever told you or are you aware that you have high blood pressure? |
| _____ | _____ | Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55? |
| _____ | _____ | Has a physician ever told you or are you aware that you have a high cholesterol level? |
| _____ | _____ | Are you currently exercising <i>LESS</i> than 1 hour per week? If you answered no, please list your activities. |
| _____ | _____ | _____ |
| _____ | _____ | Are you currently taking any medication? |
| _____ | _____ | If you answered yes, please list the medication and its purpose. |
| _____ | _____ | _____ |

What are your specific fitness goals at TotalFit Solutions? (indicate all that apply)

- _____ Increase strength and endurance
- _____ Improve cardiovascular fitness
- _____ Reduce body fat
- _____ Exercise regularly
- _____ Sports conditioning
- _____ Improve flexibility
- _____ Improve muscle tone
- _____ Increase muscle mass
- _____ Injury Rehabilitation
- _____ Other _____

What are your specific health goals at TotalFit Solutions? (indicate all that apply)

- _____ Reduce stress
- _____ Control blood pressure
- _____ Stop smoking
- _____ Improve productivity
- _____ Feel better overall
- _____ Improve nutritional habits
- _____ Control cholesterol
- _____ Achieve balance in life
- _____ Reduce back pain
- _____ Increase my health awareness
- _____ Other _____

What motivated you to join TotalFit Solutions? (indicate all that apply)

- _____ Convenience/location
- _____ Corporate membership
- _____ Newspaper advertisement
- _____ Flyer at local store
- _____ Friend/Family/Co-worker
- _____ Other _____

Class Type:

Class Location:

Class Date:

Class Time:

Amount:

| | FitCamp | FitCamp <i>Plus</i> | FitCamp <i>to the Max</i> |
|--------------|---------|---------------------|---------------------------|
| New | \$375 | \$450 | \$600 |
| Returning* | \$350 | \$425 | \$575 |
| Early Bird** | \$325 | \$400 | \$550 |

*Returning applies to individuals who have participated in a previous program. Payment must be received by 5PM the Wednesday prior to session start date and **MUST** be done online with a Credit Card to receive the discounted price.

Early Bird applies to Returning participants only. Payment must be received by 5PM the Wednesday prior to session start date and **MUST be done online with a Credit Card to receive the discounted price.

Payment Type: **Visa/MC** **Check #:**

Number:

Expiration Date:

Special Instructions:

Processed: **YES** **NO** **Date:** **By:**

For administrative purposes