



Welcome to Vita Fitness!

Please fill out the form below:

Full Name: _____

Date of Birth: M____/D____/Y_____

How did you hear about us? _____

Email: _____ Phone Number: _____

PARTICIPANT RELEASE AND KNOWLEDGE AGREEMENT

- I understand that there are risks during physical activity (lightheadness, loss of consciousness, abnormal blood pressure, nausea) at Vita Fitness and that I willfully assume those risks.
- I agree to inform the trainer of any pain, discomfort, fatigue or any other symptoms that he/she may have during the session/assessment.
- Please give at least 24-hour notice to Vita Fitness if you want to cancel your training appointment. If appointment is cancelled in less than 24 hours you will be charged for your session.

I _____, wish to participate in the fitness/nutrition programs offered by Vita Fitness and understand there are risks associated. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in these programs. No change has occurred in my physical condition since the date of approval, which might affect my ability to participate Vita Fitness Programs. I agree that Vita Fitness shall not be liable or responsible for any injuries to me resulting from these programs (whether at home, training studio, outdoors or commercial fitness facility) and I expressly release and discharge Vita Fitness from all claims, actions, judgments and like which I may have or claim to have as a result of any injury or other damage which may occur in connection with my participation.

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Client's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____