

INSPIRATIONAL

L I F E

Name: _____

In case of emergency contact: _____ Emergency Phone #: _____

Please list any past medical issues we should be made aware of:

Risk Factors

SECTION 1: RISK ASSESSMENT

Do you have or do any of the following pertain? Do you have any problems in the following areas?

Please explain to the best of your ability.

High Blood Pressure	YES / NO _____	Family history of heart disease	YES / NO _____
High Cholesterol Level	YES / NO _____	Abnormal resting EKG	YES / NO _____
Knees	YES / NO _____	Abnormal resting EKG	YES / NO _____
Low Back	YES / NO _____	Any other	YES / NO _____
Neck/Shoulders	YES / NO _____		
Hips/Pelvis	YES / NO _____		

Are you currently taking any medication? YES / NO Explain: _____

SECTION 2: PARTICIPATION WAIVER

Due to the physical demands of aerobic/strength training exercise, I understand that there is a risk of personal injury by participating in this class and accept complete responsibility for my health and well-being in this voluntary program. I also understand that no responsibility is assumed by the instructor, staff, or Inspire Fitness, Inc. dba Inspirational Life and will not hold them liable in the event of personal injury.

I acknowledge there are no refunds after the contest fee has been paid.

Participant's Signature: _____

Date: _____

WAIVER OF LIABILITY**ASSUMPTION OF RISK**

Member acknowledges that the use of Inspire Fitness, Inc. DBA INSPIRATIONAL LIFE, hereinafter known as INSPIRATIONAL LIFE, facilities, equipment, batting cages, services and programs involves an inherent risk of personal injury to Member and Member's guests.

Member voluntarily agrees to assume all risks of personal injury to Member, Member's spouse, children, unborn children, other family members, guests and waives any and all claims or actions that Member may have against INSPIRATIONAL LIFE, and of its subsidiaries or other affiliates and any of their respective officers, directors, employees, agents, successors and assigns for any such personal injury (and no such person shall be liable to Member, Member's spouse, children, unborn children, other family members, or guests for any such personal injury), including but not limited to (i) injuries arising from use of any exercise equipment and machines, (ii) injuries arising from participation in supervised or unsupervised activities and programs in exercise rooms, or other areas of INSPIRATIONAL LIFE, (iii) injuries or medical disorders resulting from exercise at INSPIRATIONAL LIFE, including heart attacks, strokes, abnormal blood pressure, heat stress, sprains, broken bones and torn or damaged muscles, ligaments or tendons or death, and (iv) accidental injuries within the INSPIRATIONAL LIFE facility.

Member acknowledges that (a) INSPIRATIONAL LIFE does not manufacture any of the fitness or other equipment at its facilities and (b) INSPIRATIONAL LIFE does not manufacture any vitamins, food, products, sports drinks, nutritional supplements or other products sold at its facilities; accordingly, neither INSPIRATIONAL LIFE, any of its subsidiaries or other affiliates nor any of their respective officers, directors, employees, agents, successors, or assigns shall be held liable for any such defective equipment or products.

Member shall indemnify INSPIRATIONAL LIFE, its subsidiaries or other affiliates nor any of their respective officers, directors, employees, agents, successors, or assigns (an "Indemnified Party") and save and hold each of them harmless against any claims arising from such items.

LIABILITY FOR PERSONAL PROPERTY

INSPIRATIONAL LIFE shall not be liable to Member or any Member's guests or invitees for any personal property that is damaged, lost or stolen while on or around INSPIRATIONAL LIFE premises including, but not limited to, a vehicle or its contents.

Member shall be liable to INSPIRATIONAL LIFE for any damage to INSPIRATIONAL LIFE'S facilities or any equipment, furniture or fixture located thereon by Member or any of Member's guests.

HEALTH REPRESENTATIONS AND AGREEMENTS

Member represents and warrants to INSPIRATIONAL LIFE that Member is in good physical condition and has no medical reason or impairment that could prevent Member from his/her intended use of INSPIRATIONAL LIFE facilities. Member acknowledged and agrees that Member will discuss any health or medical concerns with Member's physician or other health professional before participating at INSPIRATIONAL LIFE.

I certify that I have read this agreement prior to affixing my signature and understand and agree to all terms and conditions as stated.

Client Name (please print clearly): _____

Date: _____

Signature: _____

(Signature of Parent or Legal Guardian if client is under 18)

INSPIRATIONAL L I F E

Registration Form

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ DOB: _____

(please enter an email that you check daily as we send daily emails full of great information!)

Emergency Contact _____ Phone # _____

Selected boot camp class days and times _____