

INSPIRATIONAL L I F E

Name: _____ Home or Cell # _____

Address: _____

Email: _____

Emergency contact: _____ Emergency Contact 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.

Participant's Signature: _____ Date: _____

(Signature of Parent or Guardian if participant is under 18 years of age)

Referred by: _____

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)

Waiver of Liability Relating to Coronavirus/COVID-19

The novel Coronavirus/COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People can reportedly be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are not fully known. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

You acknowledge that Inspire Fitness Inc. dba Inspirational Life cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing Inspire Fitness Inc’s services or premises. It is not possible to prevent the presence of the disease. Therefore, if you choose to utilize Inspire Fitness Inc.’s services and/or enter into the premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Inspire Fitness Inc.’s services and enter the premises. I acknowledge that given the nature of virus and ease of transmission that there is inherent risk in using the service and the premises. These services are of such value to me, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the services and the premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Inspire Fitness Inc. and its owner’s, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Inspire Fitness Inc.’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of NJ will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this release.

Signature of Parent or Legal Guardian: _____ Date: _____
(for children under the age of 18)

Child’s Name (printed): _____