

FITNESS AT THE EDGE

REGISTRATION FORM

NAME	First	Last		
Date of Birth	--/--/----			
Current Address	Street	City	State	Zip
Email Address				
Home Phone Number		Cell Phone Number		

EMERGENCY INFORMATION

Emergency Contact Person	Name	Phone Number
Physician's Name		Physician's Phone number

Member Status - Office Use only				
Membership Package	<input type="checkbox"/> Drop in	<input type="checkbox"/> 3x/wk	<input type="checkbox"/> 2x/wk	<input type="checkbox"/> 1x/wk

Payment Information - Office Use only			
Membership Expiration Date			
Payment Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Payment Amount	\$____.____ cash collected	Check # _____ Check Date _____	Recurring monthly charge \$____.____ ____-____-____-____ Expiration Date ____/____
Staff Initials			

FITNESS AT THE EDGE

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the EDGE and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby for myself, my heirs, executors, administrators and assign, waive, release, and forever discharge Khuong Chiropractic Corporation and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. 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 of the EDGE or the use of any equipment at the EDGE. (Please initial)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and/or death. (Please initial)

3. 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 the activities and programs of the EDGE or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a 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 my physician's permission to participate, or that I have decided to participate in activity and/or 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. (Please initial)

4. I absolve, indemnify, defend and hold harmless Khuong Chiropractic Corporation from any breach of these representations. (Please initial)

5. I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of the EDGE.
(Please initial)

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

Signature			
Print Name		Date	

In case of emergency contact:		Phone	
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(Parent's signature if participant is under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature			
Print Name		Date	

FITNESS AT THE EDGE

Participant Policies

In accordance with Khuong Chiropractic Corporation's Code of Conduct and standards of care for the fitness industry, the following policies are to be understood and followed by EVERYONE who uses the EDGE:

Before using the facility, all participants must complete the registration packet and pay appropriate fees. No refunds of fees will be made. Staff led tours and orientations are available upon request.

For both security and utilization tracking, all participants using the facility must check in at the Front Desk upon entering the EDGE.

Individuals age 5 to 18 will not be permitted to use the EDGE without a signed parental consent. No one under the age of 5 is permitted to use the facility. Children are not allowed to accompany parents or other adults into the EDGE.

No food or drinks other than water in a closed container are permitted in the EDGE.

The storage bins located in the GYM are to be used to store shoes, clothes, school bags, valuables etc. They are not for overnight use. The EDGE is not responsible for lost or stolen articles from the EDGE storage bins.

Participants are expected to be courteous of each other and staff. Courteous behavior includes, but is not limited to appropriate language and gestures.

Appropriate exercise clothing and shoes are required for use of the EDGE. Shirts are to be worn at all times. Inappropriate clothing includes, but is not limited to sandals, flip-flops, jeans, suggestive clothing and clothing with offensive language and/or graphics. To protect the floor in the GYM, only appropriate athletic shoes are permitted. High heels, dress shoes, and other hard-soled footwear or shoes leaving black marks are **not permitted**.

Abuse of the equipment will not be tolerated. This includes dropping of dumbbells, weight plates, and allowing weights stacks to fall in an uncontrolled manner. Collars should be used on bars at all times and weight plates returned to proper rack when finished.

The EDGE is a multi-use facility. Use of the EDGE as well as the team training room is at times limited because of athletic team workouts, activity classes and special events. Please check the posted schedules and the web page for specific times of these restrictions.

EDGE membership carries with it the responsibility of appropriate conduct. Violation of any rules or other abusive or irresponsible behavior may result in a suspension/termination of EDGE privileges.

EDGE membership will be terminated upon receipt of written notification to terminate (via fax, email, or letter) effective 30 days from the date of receipt of termination notification.

By signing this document, I acknowledge the fact that these policies have been presented and explained to me and I agree to abide by them. I have also been informed that my privileges to use the EDGE facilities may be suspended and/or terminated for violation of the stated policies.

Signature			
Print Name		Date	

(Parent's signature if participant is under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature			
Print Name		Date	