

Compass Fitness and Wellness LLC

New Client Intake Form

Date _____

Location _____

Personal Information:

Name _____

Phone (cell) _____

(alt) _____

Mailing Address _____

Email _____

Date of Birth _____ Age _____

Employer _____ School _____

Emergency Contact _____ Phone _____

Who May We Thank for Your Referral _____

What is your current physical activity level? Sedentary Active Very Active

What is motivating your desire to begin a fitness routine?

Please list any medical conditions/concerns you have.

Other Immediate family members participating in this membership:

Name _____

DOB _____

Name _____

DOB _____

Name _____

DOB _____

Name _____

DOB _____

In consideration of my use of the exercise equipment and facilities provided by Compass Fitness and Wellness LLC, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of Compass Fitness and Wellness LLC. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge Compass Fitness and Wellness LLC, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold Compass Fitness and Wellness LLC harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I agree to be solely responsible for my own safety and well being . I understand that Compass Fitness and Wellness LLC does not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by the company regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose. I will respect others as they exercise and will be kind.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that Compass Fitness and Wellness LLC is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand that Compass Fitness and Wellness LLC is not liable or responsible for any injury sustained by my children while here.

I understand and agree that my use of Compass Fitness and Wellness LLC facilities and equipment is only to be undertaken on my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.

I understand that by admitting guests in to Compass Fitness and Wellness LLC to use the gym and equipment without staff approval will be grounds to immediately terminate my membership for up to one year. Membership fees will not be reimbursed.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

If under age the age of 18, form must be signed by parent or guardian

Date: _____

Signature: _____

Print: _____