

**Staff Use Only:**  
First time free visit? Y N  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_

# Complex Training Center

## REGISTRATION FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us:

\_\_\_ Friend

\_\_\_ Health Fair

\_\_\_ Family

\_\_\_ Employee/Coach

\_\_\_ Social Media

\_\_\_ School \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_ (Members name \_\_\_\_\_)

So we can better serve you, **please circle all that apply** to your area(s) of interest:

Group Classes

Wrestling

Strength & Endurance

Flexibility

Personal Training

Sports Specific Fitness/Training

Improvement of Sport (Type of Sport) \_\_\_\_\_

Injury Rehabilitation \_\_\_\_\_

What time of day do you anticipate to be the most convenient for you to visit us?

Morning

Afternoon

Evening

# Complex Training Center, LLC.

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for my participation at the Complex Training Center, LLC. I hereby release, waive, discharge and covenant not to sue Complex Training Center, LLC., its trustees, officers, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participation in such athletic activity.

2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems which would preclude or restrict my participation in this activity. I am fully aware of the risks and hazards connected with high intensity training and I hereby elect to voluntarily participate in said activity, knowing that the activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity.

3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity. I agree to indemnify and hold harmless Complex Training Center, LLC., its trustees, officers, agents, and employees from any loss, liability, damage or costs, including court costs and attorneys' fees that may incurred, due to my participation in said activity.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue Complex Training Center, LLC., its trustees, officers, agents, and employees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of Georgia.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. Parent/Guardian's signature required for individuals under eighteen (18) years of age.

### PARTICIPANT:

Printed Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

### PARENT/GUARDIAN COMPLETE FOR ANY PARTICIPANT UNDER THE AGE OF 18:

Printed Name of Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Physical Activity Readiness Questionnaire (PAR-Q)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Local Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # (Day): \_\_\_\_\_ Phone# (Night): \_\_\_\_\_

***Please read the following questions carefully and check (X) the appropriate answer.  
Answer all questions honestly and to the best of your ability.***

**YES NO**

\_\_\_ \_\_\_ 1. Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/or that you should only do physical activity recommended by a doctor?

\_\_\_ \_\_\_ 2. Do you feel pain in your chest when you do physical activity?

\_\_\_ \_\_\_ 3. In the past month, have you had chest pain when you were not doing physical activity?

\_\_\_ \_\_\_ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

\_\_\_ \_\_\_ 5. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?

\_\_\_ \_\_\_ 6. Do you have a diagnosed illness that could be made worse by physical activity?

\_\_\_ \_\_\_ 7. Is your doctor currently prescribing medication for your blood pressure or heart condition?

\_\_\_ \_\_\_ 8. Are you pregnant?

\_\_\_ \_\_\_ 9. Do you know of any other reason why you should not do physical activity?