

# Focused Individualized Training

Member's Name \_\_\_\_\_ Present Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security Number xxx-xx-\_\_\_\_\_

Primary Physician \_\_\_\_\_ Specialist \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male Female Referred by \_\_\_\_\_

1. Has a doctor ever told you that you have a heart condition and physical activity should only be undertaken by at recommendation of a doctor? Y or N
2. Do you feel pain in your chest during physical activity? Y or N
3. In the past month, have you had chest pain that occurred when you weren't doing physical activity? Y or N
4. Do you ever lose consciousness or lose your balance because of dizziness? Y or N
5. Do you have a bone or joint problem that could worsen by a change in your physical activity? Y or N
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? Y or N
7. Is there any other reason you should not do physical activity? Y or N

## Membership Rates

Physical Fitness Evaluation \$ \_\_\_\_\_ Membership Fee \$ \_\_\_\_\_ Monthly/Yearly  
24/7 Key \$ \_\_\_\_\_  
Cholesterol Screening \$ \_\_\_\_\_  
Pro-rated Amount \$ \_\_\_\_\_

Total Due Today \$ \_\_\_\_\_

- Membership may be cancelled at any time after the initial term by giving a **30 day written notice** to monthly due date. There will be NO CASH REFUNDS under any circumstances. If you have pre-paid for a membership and find for any reason you are unable to make it in to workout, you must notify a member of the FIT 24/7 staff and your account will be frozen or you may transfer the remaining membership to another individual.
- Any member who is under the age of 18 must have a parent or legal guardian co-sign and guaranty this contract. The co-signer along with the member agrees to be bound by all the terms and conditions of this contract.

## Guaranty

The Guarantor who signs below guarantees the full payment of all amounts which are owed to F.I.T. 24/7 under this contract if the member does not pay as required hereunder. F.I.T. 24/7 may extend the time allowed for payment, modify this contract and release other parties without affecting the obligation of the Guarantor. The Guarantor waives notice of acceptance of the guaranty. The Guarantor assumes liability of member who is under the age of 18 years.

Guarantor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVERS

The hours of operations will be set by F.I.T. 24/7 and may be changed at its sole discretion. In addition, F.I.T. 24/7 reserves the right to make or change reasonable rules and regulations for the operation and use of the facility. Further, F.I.T. 24/7 expressly reserves the right to add to, eliminate, or alter any program, equipment, furniture or fixture, when deemed necessary or desirable, if in F.I.T.'s 24/7 judgment it is in the best interest of the members.

F.I.T may revoke the membership for the Member's substantial breach of F.I.T. rules and regulations or generally undesirable behavior, which shall be determined by F.I.T.

The member agrees to abide by all rules and regulations of F.I.T. now in effect or to become effective at any future date.

**Fee For Returned Funds.** If any payment under this contract is returned on the first presentment, you will be charged \$20.00 returned item fee, \$20.00 for any credit card of EFT payments which are not honored for any reason, and any late fees and penalties that apply to any of the above.

- For the best workout don't forget FOB, water, cell phone and towel.
- When facility is busy, you are advised to watch the wall clock and change stations every ten minutes. You may continue a station if no one is waiting.
- Wear family appropriate attire. Please cover revealing shorts and sports bras.
- Stay within heart rate training zone.
- Please immediately report equipment that needs attention or other safety concerns. You may also slide comments / payments under the pocket door.
- The facility is under camera surveillance. Do not enter unauthorized areas at risk of triggering alarms and revoking your membership.
- For your safety, do not allow anyone without proper access to enter the facility, including children, when the clinic is closed. Please admit only one member per key tag swipe.
- Members under 16 years old must be accompanied by a parent.
- In case of emergency or intrusion call 911 using your cell phone.

I, \_\_\_\_\_, have read the previous statements and recognize the F.I.T 24/7 is not responsible for any injury (or loss of property) suffered while participating in club activities, using equipment, or on club premises, for any reason whatsoever, including ordinary negligence on the part of F.I.T. 24/7 its agents, or employees. I understand that these and other physical activities at F.I.T. 24/7 involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints or muscles. I am voluntarily participating in club activities with knowledge of dangers involved and hereby release and covenant not to sue F.I.T. 24/7, Coleman Chiropractic P.C., its owners, employees, instructors or agents from any and all present or future claims resulting from ordinary negligence on the part of F.I.T 24/7 or others listed. I further agree to indemnify and hold harmless F.I.T. 24/7 and others listed above for any and all claims arising as a result of my engaging in club activities or any activities incidental thereto.

I realize that due to the fact that this is a 24 hour gym, no person or phone service may be available to me or my family in case of an emergency. I may only have my self appointed work out partner or my personal mobile phone to assist me in gaining medical attention. In the event of an emergency with witnesses, I would like, my above mentioned family member(s) listed above and/or myself to be taken to St. John's Mercy in Washington, MO for medical treatment and I hold F.I.T. 24/7 and its representatives harmless in the execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my family member(s) or myself as a result of an injury while participating at F.I.T. 24/7.

Emergency Contact #1 and Phone Number

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Emergency Contact #2 and Phone Number

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Signature

Date



