



First Name	Middle Name	Last Name	
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Date of Birth	Email Address		
Occupation	Employer		
Emergency Contact Name	Phone Number	Relationship	

CLIENT

REGISTRATION

Membership:	On Ramp/Fundamentals:
<p><b>DUES</b> The monthly dues shall be the amount indicated. The dues applicable to any type of membership and other charges imposed by Custom Fitness may be amended by Custom Fitness at any time, with reasonable notice. Custom Fitness reserves the right to charge members different monthly rates. All fees are non-refundable. All membership fees are due on the 1<sup>st</sup>.</p> <p><b>DELINQUENT ACCOUNTS</b> In the event that I default on my obligation, Custom Fitness has the right to collect all monies due in an accelerated manner plus any fees charged by a collection agency, and/or any attorney fees, including court costs.</p> <p><b>HOLDS</b> For all current members, you can place your membership on hold for up to 2 months, in 2 week increments, with PRIOR notice. There must be an end date indicated, and charges will be resume on this date.</p> <p><b>PARTICIPATION</b> I understand the amount and extent to which I participate in exercise, training, and other activities within the premises is my responsibility. My failure to use the facilities does not constitute grounds for a refund or cancellation.</p> <p><b>DAMAGES TO THE FACILITIES</b> I agree to pay for any damage I may cause to the facility or equipment though the careless or negligent use or misuse by myself, dependents, or guests.</p> <p><b>HOURS OF OPERATION</b> Operation schedules may vary and are subject to change from time to time.</p> <p><b>UNAVAILABILITY OF FACILITY OR SERVICES</b> I agree to accept the fact that the facility or a particular service in the premises may be unavailable at any particular time dues to mechanical breakdown, fire, act of God, condemnation, loss of leases, catastrophe or any other reason. Further, I agree not to hold Custom Fitness responsible or liable for such occurrences.</p> <p><b>USE OF PICTURE(S)/VIDEOS/LIKENESS</b> I further agree to allow Custom Fitness to use pictures, film, digital media, and/or likeness of me. In the event I chose not to allow the use of the same for said purpose(s), I agree I must inform of this in writing.</p> <p><b>CANCELLATIONS/REFUNDS</b> All cancelations require a 15-day <u>written</u> notice. Any membership payments that are scheduled within 15 days of the notice will process as scheduled and will be the final membership payment. If you are cancelling prior to the end of your commitment, you will also be charged an additional month as a fee, please see staff if cancelling due to injury, relocation, or financial hardship. Refunds will be provided only in the event of a billing error. Incorrect notification of hold/cancellation will not warrant a refund. My membership will be renewed on a month-to-month basis after my initial membership agreement, until I give notice to cancel.</p>	<p><b>**FOR OFFICE USE ONLY**</b></p> <p>First payment: \$ _____ Monthly Fee: \$ _____</p> <p>First Automatic Fee of \$ _____ will be on _____.</p> <p>Membership begins: _____ Membership ends: _____ *unless there are freeze months, or months without payment.</p> <p>I will pay my membership of \$ _____ month-to-month beginning _____ via my credit card (pls attach copy)</p> <p><b>Name on Card:</b> _____</p> <p><b>CARD #:</b> _____</p> <p><b>EXP DATE:</b> _____ and will continue month-to-month until I send in notice of my cancellation.</p> <p><b>OTHER NOTES:</b></p>
SIGNATURE:	DATE:



**Physical Activity Readiness Questionnaire and Waiver**

**NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_ **CONTACT #:** \_\_\_\_\_

*This form is intended to give us an idea of your current and past levels of health and fitness. It is important that you inform us of any major past, present injuries or surgeries or health conditions, anything else that would be pertinent for us to know.*

Past Major Injuries or Surgeries: \_\_\_\_\_

PRESENT Injuries/Concerns: \_\_\_\_\_

Please list any other illnesses or conditions? \_\_\_\_\_

Do you have a heart condition? **YES** **NO**

Do you feel pain in your chest when you engage in physical activity? **YES** **NO**

Do you feel pain in your chest when not active (when at rest)? **YES** **NO**

Are you taking medication for blood pressure or a heart condition? **YES** **NO**

Do you lose your balance because of dizziness? **YES** **NO**

Do you ever lose consciousness? **YES** **NO**

Do you have a history of seizures? **YES** **NO**

Do you have any bone or joint problems that could be made worse with physical activity? **YES** **NO**

Are you currently taking any medications (Over-the-counter or prescribed)? **YES** **NO**

(For females) Are you pregnant? **YES** **NO**

On a scale of 1-10, how active are you? \_\_\_\_\_

What physical activities, exercises, sports, and/or recreational activities do you participate in and how often?

\_\_\_\_\_

What supplements are you taking (if any)? \_\_\_\_\_

17. Is there any reason you should not do physical activity? \_\_\_\_\_

18. Is there anything else about your health you would like us to know?

\_\_\_\_\_

19. Please let us know about any goals you may have, areas you would like to improve upon, etc.

\_\_\_\_\_

*I have answered the questions above to the best of my ability and knowledge. INITIALS* \_\_\_\_\_



As a condition to, and in consideration of, my participation and use of the fitness services and facilities at Custom Fitness and/or CrossFit Gof Metgot ("the Facility"), I have agreed to execute this Informed Consent Agreement and Waiver of Liability ("Release") for the benefit of Custom Fitness LLC ("Owner") and each of Owner's respective successors and assigns, and officers, directors, shareholders, partners, employees, and agents (collectively "Owner Parties"). I hereby certify, covenant and agree as follows:

I understand and I have been informed that my voluntary participation in fitness programs and special events including, but not limited to, the use of weights, number of repetitions and use of any and all equipment, all apparatus designed for exercising and the associated facilities shall be the participant's sole responsibility during all times of fitness training participation and use. I also understand and have been informed that participation in any of the events noted above does pose the risk of serious injury or other adverse health consequences, including death. I agree to self-limit my exertion through good judgment and to terminate any physical activity immediately, if it exceeds my personal limitations, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician. I hereby consent to, and permit emergency medical treatment in the event of any injury or illness.

INITIALS \_\_\_\_\_

I understand it is my responsibility to seek and to continue to receive medical evaluations from my personal physician to determine if there are any medical conditions or injuries that could limit my participation in fitness or health promotion activities. I agree to notify the staff of changes in health status, physical injuries, pregnancy, hospitalizations, surgery or additional physical and medical limitations, or additions/changes in medication recommended by my physician that may affect my participation in fitness or health promotion activities. I understand that for any new medical conditions or injuries noted above, written consent from my personal physician may be required prior to resuming activities. I understand my activities may be modified.

INITIALS \_\_\_\_\_

I understand that my use of the Facility, including any equipment and/or the facilities located therein, presents the risk of physical injury or death, and/or of loss of or damage to my personal property. I ASSUME THIS RISK AND AGREE THAT MY USE OF THE EXERCISE FACILITY SHALL, AT ALL TIMES, BE AT MY OWN RISK. I, ON BEHALF OF MYSELF, MY HEIRS AND PERSONAL REPRESENTATIVES, HEREBY KNOWINGLY AND VOLUNTARILY AGREE TO WAIVE AND RELEASE OWNER AND ALL OWNER PARTIES FROM ANY LIABILITY, LOSS, COST, DAMAGE, EXPENSE, CLAIM OR SUIT WHATSOEVER (COLLECTIVELY, "CLAIMS") FOR ANY AND ALL INJURY, LOSS, ILLNESS, HARM, COST, EXPENSE, CLAIM, SUIT, OR DAMAGE RESULTING FROM OR RELATED TO MY USE OF THE FACILITY OR THE EQUIPMENT AND FACILITIES LOCATED THEREIN. I SPECIFICALLY UNDERSTAND THAT I AM WAIVING AND RELEASING ANY CLAIMS I MAY HAVE PRESENTLY OR IN THE FUTURE FOR THE NEGLIGENT ACTS OR OTHER CONDUCT BY OWNER OR ANY OWNER PARTIES. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS OWNER AND ALL OWNER PARTIES FROM AND AGAINST ANY AND ALL THIRD PARTY CLAIMS ARISING AS RESULT OF MY USE OF THE FACILITY.

INITIALS \_\_\_\_\_

If any portion of this Release shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Release shall remain in full force and effect and the invalid portion shall be enforceable to the extent permitted by law. Should any dispute arise between me and the Facility, Owner, or Owner Parties, I specifically agree that the dispute shall be resolved in binding arbitration and judgment on the arbitration award may be entered in any court of competent jurisdiction. I understand this is an important legal document. I affirm that I am of legal age, am freely signing this agreement, and that no oral representations statements or inducements apart from this written agreement have been made. Subject to these conditions, I affirm that I have read, understand and agree to the terms set forth above and I wish to participate in fitness and/ or health promotion programs, exercise activities and special events.

NAME: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ CONTACT #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_