**Fitness Profile**

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Marital Status \_\_\_Single \_\_\_Married Age: \_\_\_\_ Do you have children? \_\_Yes \_\_No

**Assumption of Risk Fitness Representations Arbitration**

The use of the facilities at Club One Fitness & Aerobics naturally involves the risks of injury to you, whether you or someone else causes it. As such, you understand and voluntarily accept this risk and agree that Club One Fitness & Aerobics will not be liable for any injury, including without limitation, personal, bodily or mental injury, economic loss or any damage to you, your spouse, unborn child or relatives resulting from negligence or other acts of Club One Fitness & Aerobics or anyone else using the facilities. If there is any claim by anyone based on any injury, loss, or damage described here, which involves you, you agree to (1) defend Club One against such a claim and pay Club One for all expenses relating to the claim and (2) indemnify Club One for all liabilities to you, your spouse, unborn child, or relatives or anyone else resulting from such claims. Further, you represent that you are in physical condition and have no medical reason, impairment, or disability that might prevent you from using all Club One facilities. As such, you acknowledge that Club One did not give you medical advice before you joined and cannot give any after you join, relating to your physical condition and ability to use the facilities. If you have any health or medical concerns now or after you join, discuss them with your doctor before using the facilities.

**I am NOT sick and have NOT had any signs or symptoms of any illness including COVID 19**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Signature Date Parent/Guardian Date

**Employee Use:** Guest Fee Paid \_\_\_\_Yes Amt $\_\_\_\_\_\_\_\_\_\_\_ Payment Type CC Check Cash Id Copied\_\_\_\_\_

**Fitness Profile**

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Guest Signature Date Parent/Guardian Date

**Employee Use:**Guest Fee Paid \_\_\_\_Yes Amt $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Type CC Check Cash Id Copied\_\_\_\_\_