



Participant Information:

Name: (First) _____ **(Last)** _____

Address: _____

Email: _____

Phone number: (Home) _____ **(Cell)** _____

Age: _____

Emergency Contact Name _____ **(Phone)** _____

How did you hear about us?

Fitness Questionnaire:

Have you ever participated in a circuit training or Personal Training session? YES NO

What is your weekly activity level outside of work; Such as Cardio, weight training, classes etc...? Briefly outline.

What would you rate your fitness level; 1 being poor and 10 being optimal?

Are you able to perform physical activity; has your physician advised you otherwise?

Do you have asthma or any medical issues, which would affect your exercising?

RELEASE OF LIABILITY (Please Read Carefully):

I have enrolled in a program of strenuous physical activity including, but not limited to: Walking, running, Strength & Conditioning, boxing, yoga, weight lifting, bicycling, skating, and use of various Conditioning and equipment and facilities designed, offered, recommended, and/or supervised by *JL CORE ENERGY STUDIO*. I hereby affirm that I am in good physical condition and do not suffer from any disability/medical condition that would prevent or limit my participation in this program.

In consideration of my participation in the program, I for myself, my employees, heirs, assigns, agents, officers, directors, shareholders, and co-workers hereby release *JL CORE ENERGY STUDIO*, its employees, heirs, assigns, agents, officers, directors, and shareholders, from any and all claims, demands or causes of action arising from my participation in the program or from any use of the conditioning and exercise equipment and facilities.

I fully understand that I may suffer injury as a result of my participation in the program and I hereby release *JL CORE ENERGY STUDIO*, from any and all liability now or in the future, including but not limited to medical expenses; lost wages; pain & suffering that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries; and any other illness, soreness, or injury, however caused whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

(Participant Name)

(Participant signature)

(Date)

JL CORE ENERGY STUDIO Representative: _____