



New Member

Date / / 11

First Name _____ M.I. _____ Last Name _____

Address: Street: _____

City/State/Zip: _____

Birth Date ____/____/____

Your Phone # _____

E-mail _____

Emergency Contact: Name: _____ Phone #: _____

Enter your member Keytag # if you have one (seven #'s) _____

How did you find out about us? (Name of Ref) _____

Which employee helped you today?

Membership options (please check one):

Unlimited Monthly Spinning (\$89+one-time joining fee of \$49) = \$138 _____

Spinning 20 Class Pass = \$249 _____ Spinning 10 Class Pass = \$159 _____

Zumba 20 Class Pass = \$199 _____ Zumba 10 Class Pass = \$119 _____

Spinning Single Class = \$20 _____ Zumba Single Class = \$15 _____

Credit Card # _____

Exp _____ CCV _____

Signature _____ Date ____/____/____

All Monthly Memberships will incur a \$49 one-time joining fee (unless otherwise stated) and will be billed on a recurring Monthly basis starting the date this form is signed and continuing every month (or every 3 months for a 3 Month membership, or every 6 Months for a 6 Month Membership, or every Year for a Yearly Membership) on or around the same calendar date until one party decides to cancel. **You may cancel your Hot Body Fitness Membership at any time.** Refunds will not be given under any circumstance. Your signature above will confirm your agreement to these terms.

Hot Body Fitness Waiver and Release

I agree to abide the rules of Hot Body Fitness, including the completion of the pre-activity screening and health/medical information questionnaire listed below prior to participation in any physical activities at Hot Body Fitness. I further agree that all use of Hot Body Fitness's facilities, equipment, programs, and services shall be undertaken at my sole risk and that Hot Body Fitness shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from Hot Body Fitness's negligence, arising either directly or indirectly out of my participation in, or use of, Hot Body Fitness's facilities, equipment, programs, and services. I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue Hot Body Fitness, its affiliates, officers, owners, directors, agents, or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from Hot Body Fitness's negligence, arising either directly or indirectly out of my participation in, or use of, Hot Body Fitness's facilities, equipment, programs, and services. I also agree that I will not be given a refund of any kind for purchases of goods or services from Hot Body Fitness.

I declare that I have completed the pre-activity screening and health/medical information questionnaire listed below, and that I am physically able to participate in physical activity. Furthermore, I acknowledge that Hot Body Fitness has advised me to obtain a physician's clearance in the event the answers on the pre-activity screening and health/medical information questionnaire indicate that I should not participate in a program of physical activity without a physician's clearance, or if Hot Body Fitness is unsure of my physical health yet I maintain that I am physically capable of pursuing physical activity in Hot Body Fitness without such steps being taken or has done so.

Pre-activity Screening Questionnaire (Y/N)

1. Have you ever been told by a doctor that you have heart problems, an abnormal EKG, or have had a heart attack or stroke? _____(1)
2. Have you ever had coronary by-pass surgery, angioplasty, or any other type of heart surgery? _____(2)
3. Have you every had difficulty breathing or become short of breath with mild or light exertion? _____(3)
4. Do you have a history of diabetes or thyroid, kidney or liver disease? _____(4)
5. Have you ever experienced irregular heartbeat or been diagnosed with a heart condition or disease? _____(5)
6. If you answered Y or YES to any of the above questions, do you have a physician's clearance to participate in a program of physical activity? _____(6)
7. If you answered Y or YES to any of the above questions 1-5, please provide additional information below:

*If you answered Y or Yes to any question 1-5 and N or No to question 6, you acknowledge that you are not allowed or authorized to participate in any physical activity that Hot Body Fitness has to offer, until you get a physician's clearance.

SIGNATURE: _____ (Individual or Legal Guardian) DATE: _____

PRINT NAME: _____

EMAIL: _____ PHONE: _____