



Personal Training & Weight Loss Center

Name _____ Date _____

Address _____ Phone _____

Emergency Contact _____ Phone _____

How did you hear about us? Please circle one:

Newspaper Radio Other, specify _____ Friend (name) _____

Let us help make exercise fun for you! What are your preferences for the following?

Type of exercise _____

Body parts worked _____ Other _____

Just a few guidelines to make things run smoothly ☺ Please initial understanding.

- 1) I understand that I am not to lift more weight than I am able to safely lift, and that I am ultimately to perform any exercises only to the point that I can do so safely, and that all students are to work out at their own safe level. _____
- 2) Our aerobics program does not require a contract, but AlamoShape (AS) ShapeTraining programs are 4-week commitments. While students may pay for the program with weekly checks there are no "trial sessions" and attendance at one session assumes commitment to the entire month. I understand that full payment is expected even if I do not continue the entire program. _____
- 3) **I understand we will take off one Fri/Sat/Sun a month but AS will try to offer options for workouts on your own in the gym when possible. On 'long months' where we have 5 weeks available for training we take off an additional week of days scattered throughout the month. You will still get 4 weeks of training and even more days if you come to all the optional workouts.** _____

INFORMED CONSENT & WAIVER OF LIABILITY:

I understand that fitness activities such as weightlifting, cardio, flexibility, Karate, dance, kickboxing and aerobic exercise including the use of equipment are potentially hazardous and involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved and I expressly agree to assume and accept any and all of these risks. I do hereby declare myself to be physically sound and suffering from no illness, impairment, disease, disability, or other condition that would prevent or limit my participation in an exercise program or the use of exercise equipment. I acknowledge that I have either had a physical examination or been given my physician's permission to participate, or that I have decided to participate in physical activity and use of exercise equipment without the approval of my physician and do hereby assume all risks and responsibility for my participation. In consideration of being allowed to participate in the activities and programs of AlamoSwing, SuperShape, SoftShape, FitGuy, RebelFit, SoftShape, Men's Basic Fitness Classes, ShapeTraining, Personal Training, Lunch & Lift, FantasyShape, the RoadMap to Fitness, (collectively www.alamoshape.com) and to use the associated facilities and equipment, I do hereby waive, release, and forever discharge www.alamoshape.com and its board of directors, instructors to specifically also include Rosemarie Ferrara, any present and future owners, employees, contractors, administrators, agents, representatives, and all others from any and all claims, suits, damages, demands, or actions, including those caused by passive or active negligence by any of those mentioned or others acting on their behalf, arising from or connected with my participation in any services, activities, or exercise programs of www.alamoshape.com or from the use of any of its facilities or equipment, to include any outside activities associated with AlamoShape such as group runs, walks, or outdoor fitness events. I also acknowledge that from time to time photographs and/or video recordings of classes may be taken and used for advertising purposes. All effort will be made to ensure members are aware of such and will be given the opportunity to opt out of the picture-taking, but no guarantee can be made that they will not appear in any advertising that results.

Printed Name: _____

Signed _____ Date _____

"It's never too late to be who you might have been." --- George Eliot