Energetix FITNESS Thanksgiving Day 09 Outdoor Circuit Training

Registration:

Participant Information (Please fill in all sections completely)
Name:_____
Birth date/age:_____M/F:_____Date:_____

Mailing Address: _____
City: _____ State/Zip: _____
Home Phone: _____Work/Mobile:_____
**Email:_____

Emergency Contact Information
Emergency Contact and phone:_____
Relationship: _____

Medical Information
Primary Physician and phone: _____
Please List any serious conditions, illnesses, and/ or physical limitations:
_____
_____

Please List all current medications: _____

Waiver and Release from Liability

I acknowledge that any fitness activities with **Energetix Fitness** may be an extreme test of my physical and mental abilities. I hereby certify that I am fit to participate in any and all such activities, and that such determination has been made by qualified medical professional.

I acknowledge further that any and all activities carry with them the potential for harm-both to myself and to my property, including but not limited to loss of or damage to my possessions, bodily injury, and death. I hereby certify that I understand and accept any and all risks associated with my personal training with **Energetix Fitness**, and agree to hold harmless **Energetix Fitness** (Kathy Craft and there instructors), from and against any liability for harm to myself or to my property that may arise from participation in this training program.

Energetix Fitness OCT Training Policy-All clients must be aware of their respective physical condition levels and limits. They must understand that there are risks associated with their participation in Energetix Fitness training activities.

-All clients are encouraged to get a physical medical examination prior to their first session with Energetix Fitness.

-The scheduling and/or content of training workouts may be changed on occasion due to circumstances beyond the control of Energetix Fitness trainers.

-Energetix Fitness membership payments are non-refundable unless accompanied by a doctor's request

I have read and fully understand the above Waiver, Release from Liability, and Training Policies, and I agree to abide by the terms and conditions set forth therein.

I hereby affirm that I am eighteen(18) years of age or older (if under 18 years consent from a legal guardian is required), I have read and understand this document and its contents, and I certify the truthfulness and accuracy of the information provided.

Client's Signature_____ Date:_____

circle payment option: $15 single 2/$25 _#_____ $5/Child

*****Important: For check Payments please make payable to **Energetix Fitness**
Send check along with registration form to **11 Hillsdale , Santa Cruz, CA 95060**
www.energetixfitness.com (831)588-4098 kathy@energetixfitness.com