



EXCEL BODY FITNESS

Excel in Fitness. Excel in Life.

Excel Body Fitness

3-Trial Class Pass

Guest First Name: _____

Guest Last Name: _____

Email: _____

Phone: _____

Excel Body Fitness
1001 Sheldon Dr. Suite 100
Cary, NC 27513
www.excelbodyfitness.com

Authorized by Pantea Dougani

Guest Signature

Not redeemable for cash.

Employee Signature:



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Personal Information:

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

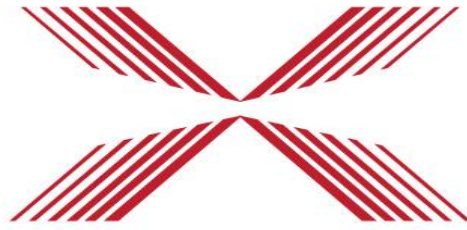
Emergency phone: _____ Relationship to emergency contact: _____

Email Address _____

Release and Indemnification Form

In consideration of the acceptance by **Excel Body Fitness** ("**Trainer**") of my participation in a personal training program (the "**Program**"), I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assignees, do hereby waive, release and forever discharge Trainer, its agents, representatives, successors, assignees (together with Trainer, collectively, "**Sponsor**") from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against Sponsor arising out of or in any way relating to my participation in the Program, including, without limitation, all injuries that may be suffered by the undersigned. I understand that this waiver includes, but is not limited to, any claims that are based on negligence or other action or inaction of Sponsor and Facility Provider. In consideration of my acceptance into the Program, the undersigned hereby indemnifies and holds harmless Sponsor and Facility Provider against any liabilities, claims, damages and expenses of every kind and nature which grow out of or are in any way connected with the Program.

1. I understand and am aware that, strength, flexibility, and aerobic exercise, including, without limitation, the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. *(please initial)* _____



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2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in the Program or use of equipment or machinery. I acknowledge that it has been recommended that I have a yearly (or more frequent) physical examination and consultation with my physician as to my physical activity, including my use of exercise and training equipment, so I might have his/her recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate in the Program or that I have decided to participate in the Program without the approval of my physician, and, in either case, I do hereby assume all responsibility for my participation in the Program and the utilization of equipment and machinery in connection therewith.
(Please initial) _____

Signature: _____

Date: _____