



JOURNEY FITNESS ASSUMPTION OF RISK AGREEMENT

First Name: _____ Last Name: _____

Birth Date (MM/DD/Year): _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

How did you hear about Journey Fitness? _____

1. I _____
wish to participate in a fitness program, which will be designed and administered by the staff at Journey Fitness based upon what they, in their professional judgment, think is appropriate. I understand that my participation in this program is voluntary, and that I am free to deny consent at any time.

It is my desire to participate in the exercise program offered by Journey Fitness and it is with full appreciation of the various hazards and risks associated with this work that I do so. I understand that there is a risk of certain unpredictable changes and physical responses that can occur during or following an exercise session.

In light of these potential risks, I understand that it is important to inform Journey Fitness of all physical limitations and prior medical conditions which may affect my participation in this exercise program or which may be affected by my participation.

Below, I list all medical conditions and injuries, which may affect my participation, as well as the doctors who treated or are continuing to treat me.

I ACKNOWLEDGE AND UNDERSTAND THAT I SHOULD STOP EXERCISING IMMEDIATELY IF I DETECT DISCOMFORT OF ANY SORT DURING THE COURSE OF THIS EXERCISE PROGRAM.

I agree to give up any rights that I may have against Journey Fitness or any of its staff members in connection with any injuries and damages that I might receive as a result of my participation in this program.

I UNDERSTAND THAT THERE IS A **24HR CANCELLATION POLICY** FOR ALL APPOINTMENTS MADE WITH Journey Fitness AND THAT I AM FINANCIALLY RESPONSIBLE FOR **FULL PAYMENT** IN THE EVENT THAT I CANCEL WITHOUT 24HRS NOTICE.

Please list medical conditions and/or Injuries:

Signature: _____

Date : _____

journey fitness