

Gym Logic

Health and Medical History

Name: _____

Date: _____

D.O.B. _____

Address: _____

City/State/Zip: _____ -

Phone:

(Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency

Contact: _____ Phone: _____

Relationship _____

Please Print Name:

Name: _____ Date: _____

Parent or legal guardian (if participant is under age eighteen)

_____ Date:

Gym Logic

RELEASE OF LIABILITY ASSUMPTION OF RISK

Participation in Gym Logic training programs and exercise testing with or without supervision of a personal trainer involves the risk of injury to you, whether you or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries. In consideration of your participation in the activities offered by Gym Logic, you understand and voluntarily accept this risk and agree that Gym Logic, its officers, directors, employees, volunteers, agents, and independent contractors will not be liable for any injury, including without limitation, personal, bodily, or mental injury, economic loss or any damage to you, your spouse, guests, unborn child, or relatives resulting from the negligence of Gym Logic or anyone on Gym Logic behalf. Further, you understand and acknowledge that Gym Logic is providing personal training and may not be held liable for defective equipment, products, or facilities. You understand and acknowledge that Gym Logic, its officers, directors, employees, volunteers, agents, and independent contractors shall not be responsible or liable for articles lost or stolen in connection with services provided by Gym Logic.

By signing this below, you acknowledge that you have read and agree to all terms in this agreement.

Client: _____ Date: _____

Personal Trainer: _____ Date: _____