



## S.A.F.E. Fitness Program Registration

### Contact Information

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (M.I.) (Last)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_ Home Ph: ( ) \_\_\_\_\_

Other Ph: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

In Case of Emergency, Contact: Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Refund Policy

S.A.F.E. Fitness programs ("program" defined as any boot camp, fitness coaching session, group training, or otherwise service or class instructed by S.A.F.E. Fitness Solutions employees) are pre-paid, considered rendered services, and will not be refundable unless under extreme circumstances. *S.A.F.E. Fitness Solutions* will offer make-up classes and training sessions if you notify your instructor or coach in advance (48 hours before a class, 24 hours before a session) but may not always be able to do so. Boot Camp participants can only make up classes during the same six week session they have missed the given class. If a program participant cannot finish the session due to health issues, they are eligible for a refund, based on the approval from Owner, Dave Reddy, for the remainder of the sessions purchased.

### Expiration Policy

Boot camp classes expire at the completion of the purchased six week session. Introductory training packages expire 20 days after the first of the three scheduled appointments. All other rendered sessions expire six months after the first scheduled appointment.

### Late, Absent and Cancellation Policy

I, \_\_\_\_\_, have read and agree to the *S.A.F.E. Fitness* Programs Refund, Expiration, and Cancellation Policies. This includes tardiness, absences, and cancellations not indicated 48 hours in advance. While *S.A.F.E. Fitness Solutions* makes every effort to reschedule or offer other "make up" class, if notified 48 hours in advance, I am still responsible for the charges associated with a rescheduled or missed session.

### Commitment Statement

(Below are the obligations you are assuming by beginning a S.A.F.E. Fitness program. It is critical you understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.)

I, \_\_\_\_\_, have volunteered to participate in a fitness program. In consideration of the S.A.F.E. Fitness team's agreement to instruct, consult, and coach me, I do realize that a portion of my success will be based on my commitment to follow this guidance along with my attitude towards the program. Unfortunately S.F.S. cannot guarantee results, but my willingness to work hard will drastically improve the experience and outcome of the program.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM AND UNDERSTAND THAT IT IS A CONTRACT OF PAYMENT AND COMMITMENT FOR THE PROGRAM SCHEDULED WHETHER OR NOT IT IS RENDERED DUE TO MY ACTIONS. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST ANY *S.A.F.E. FITNESS SOLUTIONS* EMPLOYEE OR CONTRACTOR.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

**S.A.F.E. Fitness Program Registration continued.**

---

**Assumption of Risk & Waiver of Liability**

This Agreement must be completed in order to participate in any S.A.F.E Fitness Program.

Participant (print full name): \_\_\_\_\_

Under 18 Participant : \_\_\_\_\_

Guardian/Parent of Under 18 Participant: \_\_\_\_\_

I, the undersigned, am either the Participant named above or the parent and/or legal guardian (“Guardian/Parent”) of the minor Participant named above. By signing this form, I acknowledge that:

1. Any program of physical activity and/or exercise involves a risk of injury.
2. I (and/or the under 18 Participant) have recently been examined by a medical doctor and have been cleared to undertake a program of exercise.
3. For and in consideration of participating in a S.A.F.E. Fitness Program participant agrees that:
  - Any exercise program shall be undertaken by participant at his or her sole risk
  - S.A.F.E. Fitness Solutions shall not be liable to program participant, nor any other person for any claims or causes of action whatsoever arising out of or connected with the services of this program or particular trainer
  - Participant hereby releases and discharges S.A.F.E. Fitness Solutions from any such claims or actions

PARTICIPANT OR GUARDIAN OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGNS IT OF HIS OR HER OWN FREE WILL.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_ I am signing this Agreement on behalf of a minor Participant (under 18). I acknowledge that I am the Guardian / Parent of the Participant and that I understand the terms of this Agreement.

\_\_\_\_\_  
(Signature of Legal Guardian of Participant)

\_\_\_\_\_  
(Date)

