



BOOSTFITNESS

INDOOR CYCLING CROSS TRAINING WELLNESS

NEW CLIENT WAIVER

Name: _____ Date of Birth: _____

Address: _____ City/State: _____

Zip: _____ Phone Number: _____ Email: _____

How did you hear about Boost Fitness? _____

Agreement of Release and Waiver of Liability

By signing up for and/or attending classes, events, activities, and other programs at Boost Fitness. I understand indoor cycling and group fitness classes includes significant physical exercise. I understand I will receive information and instruction; including verbal and physical adjustments about cycling and other physical workouts. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in any Boost Fitness class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in a Boost Fitness class. I am aware I may be physically adjusted. I agree to take full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. Boost Fitness classes are not a substitute for medical attention, examination, diagnosis or treatment. Boost Fitness classes are not recommended and are not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice in a Boost Fitness class. I knowingly, voluntarily, and expressly waive any claim I may have against Boost Fitness and Palmetto Group, LLC for injury or damages that I may sustain as a result of participating in a Boost Fitness class, my heirs, or legal representative forever release waive, discharge and covenant not to sue Boost Fitness and Palmetto Group, LLC for any injury or death caused by my participation in Boost Fitness classes.

I acknowledge that I have been notified that there may be flashing LED lights during Boost Fitness classes and I still consent to participating. Initial: _____

I acknowledge that there will be a \$15 late cancel fee if I don't cancel within 6 hours prior to class or a \$25 no-show fee if I do not cancel prior to class time or forfeit one class credit of a class package. Initial: _____

I acknowledge that failure to arrive at least 5 minutes prior to class start time may forfeit my spot in class to ensure prompt class start time and there will be no reimbursement for said class. Initial: _____

I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above. The term of this waiver is indefinite.

VALUABLES AND PERSONAL PROPERTY: I acknowledge that I have been urged to avoid bringing valuables onto the Facilities and that Boost Fitness shall not be liable for the loss of, theft of, or damage to my personal property, including items left in lockers, bathrooms, studios, or anywhere else in the Facilities. I acknowledge that no portion of any fees paid by me is in consideration for the safeguarding of valuables.

Signature of Participant _____ Date _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

If Participant is Under 18:

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____