

Pike Fitness Informed Consent and Waiver

Welcome to our training studio!

Name: _____ Birth Date: _____ Age: _____

E-mail: _____ Phone: _____

Mailing Address: _____

Emergency Contact: _____

Informed Consent

"I, (PLEASE PRINT NAME), have willfully enrolled in a fitness program or gym membership offered at Pike Fitness. I recognize exercise and use of gym equipment and/or facility is inherently dangerous and may involve strenuous physical activity including, but not limited to; maximal physical exertion, muscular strength training, endurance training, flexibility training, high impact plyometric training, speed and agility drills, and other various fitness activities such as submaximal or maximal exertion testing. I agree to assume all risks associated with my participation. These include but are not limited to; shortness of breath, asthma attack, heart attack, stroke, strain or tear of muscle tissue, injuries to connective tissue, bone fractures, shin splints, back injury, head injury, heat prostration, dehydration, or contact with viruses, bacteria, fungi, or any other pathogen. You understand these risks may lead to illness, soreness, or even death. Participants are subject to environmental hazards caused by changes in terrain, facilities, weather, temperature, and interaction with other participants, volunteers, spectators, coaches, officials, animal life, or any act of God such as earthquake, fire, or flood. I hereby affirm that I am in good physical condition, and do not suffer from any known disability or condition which would prevent or limit my participation in these activities, or if such condition exists I have either obtained full clearance from a licensed physician or declined to get a clearance and choose to exercise anyways with increased risk of participation. I acknowledge that my enrollment and participation is entirely voluntary, and in no way mandated by Pike Fitness, or its owners, agents, managers, instructors, volunteers, employees, or affiliates, including the facility where services are rendered, and that at any time I may willfully terminate my participation."

**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.
ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature: _____ Date: _____

Waiver

"I, (PLEASE PRINT NAME) fully understand the risks associated with my enrollment and subsequent participation in this program and hereby take action for myself, my executors, administrators, heirs, next of kin, and successors, and agree to waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from the program or facility, including exercise outside of the training facility. I agree to defend, indemnify and hold harmless Pike Fitness, and its owners, agents, managers, instructors, volunteers, employees, and affiliates including the facility where services are rendered, of any claims of liability, and any costs incurred in connection with such claims, whether related to exercise or not."

**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.
ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature: _____ Date: _____