

NORTHSHORE GROUP FITNESS STUDIOS, Ltd.



CLIENT INFORMATION

BOLDED information is REQUIRED - PRINT Legibly!!!!

Participant Name: _____ **Birth MM/DD/YY:** _____

Program/Team: _____ **Age Group:** Under 18 Under 30 30+ 40+ 50+ Senior (Circle one)

E-Mail: _____ **Parent EMail:** _____

Phone: _____ H / Mobile / W **Parent #:** _____ H / Mobile / W

Address: _____ **City, St Zip:** _____ **Emergency Contact:** _____

Limits/Restrictions: _____ **Emergency Contact #:** _____

CONSENT AND WAIVER OF LIABILITY

I, _____, volunteer myself or (Minor): _____

to participate in the Northshore Group Fitness Program (the "PROGRAM") and attest that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in any of the Programs.

I, for myself, my heirs and assigns, hereby waive and release Northshore Group Fitness Studios, Ltd. and its respective employees, agents, shareholders, members, directors, managers and officers, from any claims, demands, and cause of action, now or in the future, arising from my participation in any of the programs. I acknowledge and agree that Northshore Fitness Studios and its respective employees, agents, shareholders, members, directors, managers and officers, are exempt from any and all liability for loss or damage to personal property or injury or disability that I may incur during or as a result of my participation in any program.

I agree to not disclose, disseminate, copy, use or permit any other person or entity to disclose, disseminate, copy or use any program materials of Northshore Group Fitness Studios. Program information or materials mean and include any of the information created, developed, owned, licensed, held or used by Northshore Fitness Studio that is disclosed to or otherwise received by the undersigned in any oral, written or electronic form, or which is visually or audibly perceived by the undersigned, including but not limited to, any confidential or proprietary information of or related to any of the programs both on or off the premises of 905 Ridge Road Wilmette, IL 60091.

Signature: _____ **Date:** _____

TERMS of Services

1. I understand that all classes must be pre-paid unless otherwise arranged
2. I understand that all classes I purchase are subject to policies posted, cannot be refunded except for medical reasons or moving away from the area without Fitness Director's approval
3. I understand that prepaid classes cards may expire in 6 to 12 months from date of purchase

Photo/Video Permission

Y or N I grant Northshore Fitness Studios, Ltd. permission to use photographs/videos taken of me during group fitness classes or personal training for promotional purposes without notifying prior notification