



REBUILD THE TEMPLE FITNESS AND HEALTH

REBUILDTHETEMPLEWORKOUT.COM
1115 E Main St Suite 260 | 3655 W Ridge Rd
585.727.6185

**CLASS REGISTRATION FORM
WAIVER AND RELEASE OF LIABILITY**

NAME _____ E-MAIL: _____

Facebook: _____ Twitter: _____

AGE _____ DOB _____ EDUCATION LEVEL _____

ADDRESS: _____

TELEPHONE: (mobile) _____ - _____ (home) _____ - _____ (other) _____ - _____

If you are a minor, please indicate your father's or mother's name beside the office number.
This information is used for emergencies as well as occasional contacts for special announcements, schedule changes, or special events.

EMERGENCY CONTACT PERSON(S) _____ (Phone #) _____ - _____

EMPLOYER & OCCUPATION _____
(Parent's or guardian's employer and occupation if participant is a minor)

MEDICAL INSURANCE: YES ___ NO ___

EXPLAIN ANY MEDICAL OR PHYSICAL CONDITION WHICH MAY AFFECT YOUR PARTICIPATION:



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207 PLANET ST. ROCHESTER, NY 14606
585.789.1749

PARTICIPANT AGREEMENT, LIABILITY RELEASE AND ACKNOWLEDGMENT OF INHERENT RISKS

I, _____, have voluntarily enrolled in a fitness program offered through REBUILD THE TEMPLE FITNESS & HEALTH. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

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 this exercise program. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent prior to beginning this fitness program, I hereby agree that I am doing so solely at my own risk. I understand that it is my sole responsibility to participate in exercises that are appropriate for the current status of my health. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I understand that this program is not medically supervised, and exercise activities are led by independent fitness instructors or other program participants who are not employees or agents of RTW. I agree not to hold RTW responsible for the actions or omissions of the independent instructors or other program participants.

I understand that RTW may, in its sole discretion and at any time, revoke my enrollment in all RTW programs.

I understand that any exercise or fitness activity involves a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation in this program, I, _____, hereby waive and release Rebuild the Temple Fitness and Health and its successors and assigns, from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my voluntary participation and enrollment.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Rebuild The Temple Fitness and Health and Angel Miguel Vazquez Sr.

(Participant Signature)

(Date)

(Parent/ Guardian Signature if under 18 yrs of age)



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PAYMENT INFORMATION:

I _____ am authorizing RTW to bill the supplied credit on a monthly basis, as payment for all services rendered.

Check off on your choice of program options:

- Platinum Option:** 12 Session per Month \$50.00
- Gold Option:** 2 Session per Week \$40.00
- Silver Option:** 1 Session per Week \$30.00

Credit Card / Debit:

Name on card: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Payment to be withdrawn first Friday of each month. (all memberships have a minimum 12 Month Membership requirement.)