



## TRIAL MEMBER REGISTRATION FORM

Name

Street Address

City

Zip Code

Primary Email

Primary Phone

Date of Birth

Emergency Contact Name

Emergency Contact Number

How far are you from your ideal weight? (circle one)

0-5 pounds

10-20 pounds

more than 30 pounds

What areas of your body would you most like to improve?

What has stopped you from reaching your goals until now?

On a scale of 1-10, how committed are you to achieving your goal?

Known physical limitations:

How did you hear about our program?

I hereby stipulate that I am physically sound to proceed with participation in a boot camp workout that may include any and/or all of the following: weight lifting, running, stair climbing, jumping, and mat exercises. It is further agreed that all exercises and lessons shall be undertaken at my sole risk and that Anytime Personal Training, LLC DBA Great Shape Fit Club will not be liable for injuries or damages to my person or property arising out of, or connected with, the use of services, facilities, or equipment of Anytime Personal Training, LLC or the premises in which the same are located. I do hereby forever release and discharge Anytime Personal Training, LLC from all such causes of action.

If I have any physical or medical conditions, or am not in overall good health, I agree to consult with my physician before starting any new boot camp or exercise program and also agree to inform the instructor of my condition(s) prior to class.

I am aware that Fit Club may record workouts for later use on television segments, websites, promotional materials or any other way they see fit. By signing this document, I hereby authorize Fit Club to use my name, likeness, comments, videotaped segments, or pictures in the aforementioned ways.

Signature:

Date:

Parent / Guardian Signature:  
(if participant is under 18)

Parent / Guardian Name:

Preferred Class  
(circle one)

Coppell  
M/W/F  
AM Class

Highland Village  
T/R  
AM Class

Highland Village  
M/R  
PM Class