



Medical / Injury Waiver Form

(Please Print Clearly)

Legal Name: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: () - _____ Personal Email: _____

Birthdate: _____ Nickname: _____
(Required)

Emergency Contact Name: _____ Phone: _____

Referred By: Email Facebook GroupOn Instagram Living Social Twitter
(please check)

Member: _____ (name)

Training, Diet and Nutrition Program Advisory

Focus Fitness offers Group Training, Personal Training, Fitness Camps and Sports Training programs designed to improve your overall cardiovascular and muscular strength and conditioning (collectively “the Strength and Conditioning Programs”). These training programs involve vigorous exercise that may not be appropriate for all individuals depending on their specific health or medical considerations. Focus Fitness also provides general diet and nutrition guidelines and/or specific nutritional plans in conjunction with the Strength and Conditioning Program or independently to assist clients in achieving specific body composition goals. All individuals should consult their physician or other medical professional before participating in any of the aforementioned training or diet and nutrition programs to ensure that these programs are appropriate, given each individual’s personal health and medical considerations.

Personal Waiver and Indemnity

I hereby verify and confirm, by my signature below, that I am participating in the training, diet and/or nutrition programs offered by Focus Fitness voluntarily and that **I have read and fully understand the Training, Diet and Nutrition Program Advisory above**. I fully acknowledge, affirm and agree that it is my sole responsibility to consult a physician or other medical professional prior to engaging in any physical training activity or diet and nutrition plan to ensure that I do not have any medical or other health considerations that would prohibit me from safely engaging in the Focus Fitness physical conditioning and/or diet and nutrition programs.

Furthermore, I fully understand that if I choose to participate in any of Focus Fitness’ physical conditioning or diet and nutrition programs without consulting with or contrary to the advice of a physician or other medical professional, I hereby assume and accept full responsibility for and hold harmless and indemnify Focus Fitness and its staff, contractors, ownership and affiliates from any liability, claims, demands, and cause of action that may arise from any injuries and health or medical complications that may result from such participation.

Additionally, I acknowledge that even in the absence of specific health and medical considerations that would exempt me from participating in the physical training or diet and nutrition programs by Focus Fitness, I could still injure myself as a result of the normal and assumed risk of physical exercise and exertion of any type. I additionally hold harmless and indemnify Focus Fitness, Kicked Up Fitness, their staff, contractors, ownership and affiliates from any liability, claims, demands, and cause of action that may arise from any injuries, health or medical complications that may be sustained during participation in Focus Fitness’ training program as a result of the normal and assumed risk of injury associated with physical exercise of any type.

Signature: _____ Date: _____