



8010 25th Ct E #106, Sarasota, FL 34243
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City Fitness Sarasota

New Member Registration & Liability Waiver Form

Section 1 – Personal Information

Full Name: _____

Date of Birth: _____

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Phone: _____

Section 2 – Membership & Training Goals

(Please refer to Document **CFS-006**: Price List Overview for current membership options and fees. For detailed program descriptions, see Document **CFS-004**: Comprehensive Health & Performance Experience. For promotional programs like the 12-Week Training, refer to Document **CFS-005**: 12 Weeks Waiver)

Intended Membership Type: Monthly Annual 3-Month Trial Other:

Primary Training Goals (check all that apply):

Weight Loss Muscle Gain General Fitness Improve Endurance



Rehabilitation Sports Performance Stress Relief Other:

Preferred Training Style:

Cardio Only Strength Training Group Classes Personal Training

Mix of Above Other: _____

Section 3 – Health & Medical History

This section helps us ensure your safety. Please answer honestly.

Physical Activity Readiness Questionnaire (PAR-Q+ inspired screening):

1. Has a doctor ever said you have a heart condition or high blood pressure?
 Yes No
2. Do you feel pain in your chest when you do physical activity? Yes No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
5. Do you have a bone, joint, or muscle problem that could be made worse by exercise? Yes No
6. Has a doctor ever recommended medication for your blood pressure or heart condition? Yes No
7. Are you currently pregnant or have you given birth in the last 6 months?
Yes No

If YES to any question above → Please consult your physician and provide medical clearance before starting.



Additional Health Information:

Do you have any medical conditions, injuries, disabilities, or limitations we should know about?

(Examples: back/knee/shoulder issues, diabetes, asthma, recent surgery, etc.)

Are there any exercises or activities your doctor has restricted or advised against?

Current Medications (if relevant to exercise):

I confirm that the above information is complete and accurate to the best of my knowledge.

Section 4 – Assumption of Risk, Release & Waiver of Liability

(Required under Florida law – please read carefully)

I, the undersigned, understand that participation in any fitness program, use of equipment, or activities at City Fitness Sarasota involves risks of injury, including but not limited to muscle strains, joint injuries, heart-related events, falls, or other physical harm.

I voluntarily assume all risks associated with my participation, whether known or unknown.

In consideration of being permitted to use the facilities and services, **I hereby release, waive, discharge, and covenant not to sue** City Fitness Sarasota, its owners, employees, agents, instructors, and affiliates (collectively “Released Parties”) from any and all liability, claims, demands, or causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by me, **including those caused by the ordinary negligence** of the Released Parties.

This release does **not** apply to gross negligence, reckless conduct, or intentional misconduct.



I agree to indemnify and hold harmless the Released Parties from any claims brought by third parties arising from my participation.

I certify that I am physically fit to participate and have either obtained medical clearance if needed or have knowingly chosen not to.

I have read this waiver in full, understand its terms, and sign it freely and voluntarily.

Signature: _____

Date: _____

Printed Name: _____

If under 18: Parent/Guardian

Signature: _____

Date: _____

Section 5 – Acknowledgment & Signature

I certify that all information provided is true and complete. I agree to abide by all club rules and policies.

Signature: _____

Date: _____

By signing, you acknowledge that you have reviewed all related documents, including **CFS-003** Waiver, **CFS-005** 12 Weeks Waiver (for promotions), and **CFS-006** Price List Overview, which form an integral part of this agreement in compliance with Florida law