



Feisty Fitness
100 Production Court, New Britain

GYM SIGN UP FORM

Full Name: _____

Emergency Contact Name and Phone Number: _____

Email Address: _____

Cell Number: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Address: _____

1. Fitness Goals

What are your goals for becoming a member of this gym?

2. Program Interests

Are there any specific programs or classes you're interested in?

3. Referral Information

How did you hear about us?

4. Health Information

Do you have any health concerns or physical conditions we should be aware of?

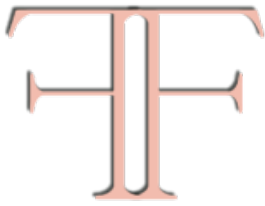
5. Agreement

I agree to abide by the gym's rules and regulations and understand that failure to act in accordance with these rules may result in the revocation of my membership.

I am over the age of 18 and am able to sign for myself. I have read this agreement, fully understand its terms, and sign it freely and voluntarily.

Participant's Full Printed Name: _____ **Date of Birth:** ____/____/____

****Participant's Signature:** _____ **Date:** ____/____/____ ******



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100 Production Court, New Britain

FEISTY FITNESS APPOINTMENT POLICIES

Refund Policy: All deposits are refundable or transferable if the cancellation is made outside of the required 24-hour cancellation notice period. Cancellations inside of 24 hours, void refunds/transfers, at which time a new deposit will be required to book the next appointment.

Deposit & Cancellation Policy

: Feisty Fitness extends its gratitude to all our esteemed clients for understanding and respecting our appointment policies. While we acknowledge that unforeseen circumstances may arise, we kindly request a minimum of 24 hours adequate notice to adjust appointments to best accommodate all clients and remain in good standing without the responsibility of a cancellation fee. We cannot defer other appointments to accommodate late arrivals, out of respect for the trainer's time & other clients.

Full Name: _____ **Cell Number:** _____ **Email Address** _____

Below is an outline of our appointment policies. Please read carefully and initial next to each paragraph.

Initial ____

New Clients: A deposit is required to book first time appointment

A \$ ____ deposit is required for all new clients. Appointments are not guaranteed until the deposit is paid in full.

Initial ____

Short Notice Cancellations: \$ ____ cancellation fee due + a deposit for the next requested appointment

Cancellations received within 24 hours of an appointment time are considered last-minute cancellations, as the spot was held and could not be offered to other clients. If this occurs more than three times, a non-refundable deposit of **\$40** will be required to book all future appointments for a maximum of six consecutive fulfilled appointments.

Initial ____

Late Arrivals: Regardless of the length of time of the appointment once arrived, the client is responsible for the total due of the scheduled slot.

Late arrivals may be considered *short notice cancellations* if there is insufficient time to complete the appointment without interfering with the trainer's schedule. As the scheduled appointment time is what the client is paying for, not the duration of the training session. For example, if a client arrives at 1:30 PM for a 1:00 PM appointment, the client understands that they are still responsible for the full payment of the scheduled time. If a client anticipates being late, it is advisable to call and inquire if the service can still be. The trainer's schedule will determine if the service can be provided within the remaining timeframe.

Initial ____

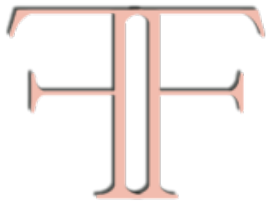
No Call - No Show: full payment of the missed appointment is required before another appointment can be scheduled

Appointments are confirmed via text or email at the time of booking, with a follow-up confirmation sent 24 hours before the scheduled appointment time. To cancel or reschedule appointments, a phone call or text to Feisty Fitness is required, as our confirmation messages are sent from a no-reply service. A no call-no show is considered a missed appointment, as this time slot cannot be filled by other clients in need of appointments. After one no call-no show missed appointment, full payment is required before another appointment can be scheduled. If this occurs more than three times, a deposit will be required for all future bookings, for a maximum of ten consecutive fulfilled appointments.

I am over the age of 18 and able to sign for myself. By signing this agreement, I am stating that I have thoroughly read this document and am in agreement to full compliance with said policies, with understanding that they are set in place for the protection of my future appointments, as well as Feisty Fitness' schedule.

Participant's Full Printed Name: _____ **Date of Birth:** ____/____/____

****Participant's Signature:** _____ **Date:** ____/____/____



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100 Production Court, New Britain, CT

GYM LIABILITY WAIVER AND RELEASE FORM

****I, (Print First & Last Name) _____, ** understand and agree to the terms outlined below. I have initialed next to each area, indicating that I understand the information and have the right to ask further questions if more clarity is required, before signing this waiver and release form:**

1. Assumption of Risk: I acknowledge that my participation in fitness activities, use of exercise equipment, and training sessions at the Women's Gym involves known and unanticipated risks, which could result in physical injury. I understand such risks and assert that I am willingly participating in these activities and using equipment and facilities at my own risk.

Initial ____

2. Release of Liability: I hereby release and discharge the Women's Gym, its agents, representatives, and employees from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, legal or otherwise, whether at law or in equity, whether known or unknown, arising out of or in connection with my use of the gym's services, equipment, and facilities.

Initial ____

3. Medical Clearance: I affirm that I have consulted with a medical professional regarding my participation in fitness activities and have obtained necessary clearance. I understand that the Women's Gym does not have medical staff on site and is not responsible for assessing my physical condition before engaging in physical activities. Any known ailments or restrictions that your trainer or the gym should be aware of before entering into a workout program? Please also indicate any medical conditions that might hinder your range of workout, for your safety and well-being:

Initial ____

4. Photo/Video Release (Please Initial ONLY ONE that is agreed to, within this area)

Initial ____ **Yes,** I grant the Women's Gym permission to photograph, or video record my participation in activities for educational and promotional purposes, unless I notify the gym otherwise before a session. I understand that I may retract this consent on a session-to-session basis.

Initial ____ **No,** I do not give my consent to any filming or photography when I am working out for any use of promotional or education.

I am over the age of 18 and am able to sign for myself. I have read this agreement, fully understand its terms, and sign it freely and voluntarily.

Participant's Full Printed Name: _____ **Date of Birth:** ____/____/____

****Participant's Signature:** _____ **Date:** ____/____/____ ******