

F.A.S.T. NV
CLIENT INFORMATION & WAIVER

DATE: _____ BIRTHDATE: _____
FIRSTNAME: _____ LASTNAME: _____
EMAIL: _____ PHONE: _____
EMERGENCY CONTACT: _____ PHONE: _____
INJURIES/CONCERNS: _____
HOW DID YOU HEAR ABOUT F.A.S.T. NV? _____
INTERESTED IN PERSONAL TRAINING (Y/N): _____

Please read this form carefully and be aware that the execution of this document will waive and release all claims for injuries you or your child may sustain while using our equipment/facilities.

I _____ (print) in consideration of my participation and use of the services, equipment and facilities offered by F.A.S.T. NV, hereby execute this Liability Waiver and Release of All Claims. I understand that by signing this agreement, I am waiving my rights and/or the rights of my minor child/ward to all claims for injuries and damages I or my minor child/ward might sustain and I agree to indemnify, hold harmless and defend F.A.S.T. NV for all such claims and damages. I recognize and acknowledge that there are certain risks of physical injury to participants and damage to or loss of personal property from the use of the services, equipment and facilities offered by F.A.S.T. NV. These programs include but are not limited to cardio equipment, weight machines, treadmills, and other forms of physical activity. I fully agree to assume the risk and responsibility of any such injuries, damages, or loss regardless of severity which I, or my child, may sustain as a result of said activities. I waive and relinquish all claims my child or I may have against F.A.S.T. NV, it's trainers, shareholders, officers, agents, servants, and/or employees as a result of participation in said activities. I hereby fully release and discharge F.A.S.T. NV, it's trainers, shareholders, officers, agents, servants, and/or employees from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child in any of the activities/services offered. I further agree to indemnify, hold harmless, and defend F.A.S.T. NV, it's trainers, shareholders, officers, agents, servants, and/or employees from any and all claims resulting from injuries, damages, or losses sustained by me or my child and arising out, connected with, or in any way associated with the activities of any services or programs offered here.

I am aware of the risks of participation and use of the services, equipment and facilities of F.A.S.T. NV, which include but are not limited to the possibility of injury, death, sprained muscles and ligaments, broken bones, fatigue and other injury. I understand that it is my responsibility to consult with my own physician with respect to engaging in physical activities. I further represent that I and/or my minor child is/are in such physical condition as to accept and tolerate the level of physical activity involved. My participation, use of the services, equipment and facilities of F.A.S.T. NV is voluntary and I freely choose to participate, not withstanding any medical condition I may have.

In the event of any emergency, I authorize F.A.S.T. NV, without liability and in their sole and absolute discretion, to secure emergency assistance from any licensed hospital, physician, and/or medical or rescue personnel for any treatment or services deemed reasonable and necessary for my or my minor child's immediate care and agree that I will be responsible for payment of any and all such medical, professional and emergency services and assistance.

Client Name: _____ Client Signature: _____ Date: _____

Mon. Tues. Weds. Thurs. Fri. Sat.

Days/Time Desired:

Assessing Trainer: _____ Date: _____