



Name: \_\_\_\_\_ Date (DD-MMM-YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (DD-MMM-YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

As of right now what class are you really interested in...

**MIRA** (Zumba Alternative)   **PraiseMoves** (Yoga Alternative)   **Core Cardio** (Specialized)

Has your physician given you permission to participate in an exercise routine?   Yes   No

Do you have any injuries or health concerns we should be aware of?   Yes   No

(please specify) \_\_\_\_\_

\_\_\_\_\_

If yes to the above are you taking any medications? (please specify) \_\_\_\_\_

\_\_\_\_\_

What are your health and fitness goals? \_\_\_\_\_

\_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_



## Liability Waiver Please Read and Sign Below

Exerciser hereby stipulates that he/she is physically sound and that he/she has approval to proceed with a routine of exercise.

**LIMITATIONS OF EXERCISE, IF ANY:** It is further expressly agreed that all strength training, cardiovascular exercise, or any other exercise shall be undertaken by me at my sole risk and that **Lee-Ann Thompson** and **affiliated partners** shall not be liable to me for claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services provided and of the premises where the same is located.

I do hereby expressly forever release and discharge **Lee-Ann Thompson** and **affiliated partners** from claims, demands, injuries, damages, actions or causes of action, from all acts of active or passive negligence on the part of **Lee-Ann Thompson** or **affiliated partners**. I further expressly agree that I will not use equipment improperly. If I have any questions whatsoever, concerning exercise and use of equipment, I agree that I will request instruction from **Lee-Ann Thompson**.

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Certified Instructor

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Your Signature

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Parent or Guardian Signature  
(If under 18 a Guardian Signature is required)