

PRINTED REGISTRATION FORM

1. Print this form; fill in your information clearly and completely, and sign all forms.
2. Choose payment option.

Please Mail Completed Forms to: **The Invisible Gym**
P.O. Box 55
Soquel, CA 95073

First Name: _____ Last Name: _____ Date of birth ____ / ____ / ____

Address:

Street

City

State

Zip

Daytime Phone Number: _____ Evening Phone Number: _____

Cell Phone Number: _____

Primary Email Address: _____

Emergency Contact Name: _____ Phone #: _____

Weight: _____ Height _____ Gender _____

When is the best time to contact you? Please check the appropriate boxes.

- Morning
- Afternoon
- Evening

What services are you interested in? Please check the appropriate boxes

- In Home Personal Training
- Out Door Personal Training
- Online Personal Training
- Small Group Training
- Outdoor Fitness Classes and Fitness Camps

Which outdoor fitness camps or classes are you interested in attending?
Please check the appropriate boxes.

- Ladies Fitness Camp
- Sunrise Fitness Camp
- The Invisible Gym Running Club
- Yoga in the Park
- Pilates in the Park
- None of the Above

Why are you interested in hiring a personal trainer at this time?

What are your ideal times of the day to work out with a personal trainer?

- Early morning (6am – 9am)
- Late morning (9am – 11am)
- Lunch Hour (11am – 2pm)
- Afternoon (2pm – 5pm)
- Evening (5pm – 8pm)

Please circle the appropriate responses.

Do you currently, or have you ever had heart problems? Yes No

Do you have high blood pressure? Yes No

Have you ever had a stroke or heart attack? Yes No

Have you ever had pain in your chest? Yes No

Do you ever feel faint or have dizzy spells? Yes No

Have you had surgery in the last 6 months? Yes No

If yes to any of the above, please explain _____

Do you currently have any of the following conditions? Please check the appropriate boxes.

- Diabetes
- Asthma
- Heart
- Epilepsy
- Arthritis
- Pregnancy
- Blood Pressure
- High Cholesterol

Have you ever injured, or do you have pain in the following areas? Please check the appropriate boxes.

- Neck
- Elbows
- Wrists
- Upper Back
- Lower Back
- Knees
- Shoulders
- Hips
- Other

If yes to any of the above, please explain:

Please list current medications: _____

Please list current health and fitness activities: _____

What are your health and fitness goals? _____

I rate my current fitness level as a _____ (use scale of 1-10, 10 being highest = elite athlete)

Are you following any type of special diet? Yes No If yes, please explain. _____

Are there any other reasons (health or personal) that may limit or prevent you from exercising?

Yes No If yes, please explain _____

How did you hear about The Invisible Gym? _____

If by referral please provide person(s) name: _____

Additional questions or comments? _____

Payment Options (please check one)

€ Complete Home Gym Package \$699

Personal Training

- Personal Training Session \$60
- 2 Person Training Session \$85

Small Group Training

- 3 - 6 participants \$100
- 7 or more participants \$150

Training sessions will last for one hour

Outdoor Fitness Classes and Camps

- € Ladies Fitness Camp: \$299 (6 days per week)
- € Ladies Fitness Camp: \$249 (5 days per week)
- € Ladies Fitness Camp: \$219 (4 days per week)
- € Ladies Fitness Camp: \$180 (3 days per week)
- € Sunrise Fitness Camp: \$249 (5 days per week)
- € Sunrise Fitness Camp: \$219 (5 days per week)
- € Sunrise Fitness Camp: \$180 (3 days per week)
- € The Invisible Gym Running Club:
- € Yoga in the Park:
- € Pilates in the Park: \$89

Payment Options (please check one)

- Check or money order is enclosed
Please make check or money order payable to: **The Invisible Gym**
- I paid online using PAYPAL

Medical Clearance and Release of Liability

I certify that I am in good health and if that condition changes, I will notify The Invisible Gym. If, in the event a medical clearance must be obtained prior to my participation in an exercise program or fitness assessment, I will allow The Invisible Gym and or representatives to consult my physician and obtain written permission prior to the commencement of any exercise program. In consideration for being allowed to participate in an exercise program, I agree to assume risks of such exercise, and further agree not to hold The Invisible Gym liable while my trainer/instructor conducts the exercise program from any and all claims, losses, suits or related cause of action for damages incurred during or rising in any way from the exercise program.

Signature _____ Printed Name _____ Date _____

Signature of parent or guardian _____
(if client is under the age of 18)

Printed Name _____ Date _____

Informed Consent and Waiver

This waiver and release is entered into between the undersigned and The Invisible Gym its instructors, officers, affiliates, and executors.

The purpose of the services offered by The Invisible Gym is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

1. Acknowledges that the instructor is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but The Invisible Gym does not guarantee neither good nor bad will occur, nor guarantees the training advice given by The Invisible Gym or its instructors will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that personal training, small group training, boot camps, outdoor fitness classes, fitness camps, running, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential

for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events and activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop.

The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind The Invisible Gym, its instructors, officers, affiliates, and executors for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties.

Signature _____ Printed Name _____ Date _____

Signature of parent or guardian _____
(if client is under the age of 18)

Printed Name _____ Date _____

Please read and initial:

_____ I understand that photos or video may be taken during the course of my involvement in the programs provided by The Invisible Gym which may be used for promotional purposes.

Business Policy

All services are payable by electronic transfer through paypal, cash or check in advance of services rendered. Checks are payable to: The Invisible Gym.

Exercise Sessions will last for 60 minutes. Please be ready to begin each training session at your scheduled appointment time. If you are late, the training session will not be extended.

Sessions purchased are non-refundable and should be used no less frequently than one session per week. If you become ill or injured and have been advised by a physician to temporarily discontinue training, sessions will remain valid for a period of up to 12 months.

Should you wish to reschedule an appointment, we will do our best to accommodate your request. Should we be unable to find an alternative time slot, and the request is placed less than 24 hours prior to the appointment you will be charged for the appointment.

A 24 hour notice of cancellation is required should you wish to cancel a training session. Canceling with less than 24 hours notice will result in a charge for the appointed workout.

Signature _____ Printed Name _____ Date _____

Signature of parent or guardian _____
(if client is under the age of 18)

Printed Name _____ Date _____