

# October 2018 Team Training Registration

**Six Week Term**      October 22 thru December 3

*Training will not be held the week of Nov. 19*

# times/week	Total # of sessions	Cost per Term	Day(s) / Time(s) I select as my regular session(s):		
Once	6	\$119	#1		
Twice	12	\$239	#1	#2	
Three	18	\$319	#1	#2	#3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Best way to contact me     Phone: (\_\_\_\_\_) \_\_\_\_\_     Email: \_\_\_\_\_

I have read and understand the Policies below: \_\_\_\_\_ Date: \_\_\_\_\_

**Details/Policies:**

- Each session is 6 weeks in length.
- Workouts are provided in writing at the end of each session.
- Weigh in's and bodyfat measurements with the Omron are optional and can be taken at the beginning and end of each session.
- MISSED CLASSES: Classes missed beyond our control and not made up during the 6 week session are forfeited when the 6-week session concludes and cannot be carried forward. **Credits and refunds are not offered for classes missed by participants unless the class is changed/ canceled by Yang's.**
- **Payments are non-refundable and non-transferable once session begins** barring medical absence with a doctors note.
- Any refunds are subject to a 10% processing fee.
- Non-members are welcome; however, the team training fee is for team training ONLY and not include use of the gym or other classes.
- Make-ups must be scheduled in advance, space permitting.

**For First-Time, Non-members, please also complete below:**

Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency, please call (    ) \_\_\_\_\_ and ask for: \_\_\_\_\_

Do you have any **medical** or **health concerns** (e.g. asthma, heart conditions, joint or back pain, etc.)? (Please explain)

**How did you find out about us** (if a friend/member, will you let us know their name)? \_\_\_\_\_

**Are you currently working out at a health club/gym?**    Y    N    If yes, where? \_\_\_\_\_

### Fitness Consent / Release and Waiver of Liability

I, the undersigned, wishes to participate in the exercise and training programs offered by Bodies In Motion, Inc. d/b/a Yang's Fitness Center. I understand that there are inherent risks in participating in a program of strenuous exercise, up to and including death. I understand that part of the risk involved in understanding any activity program is relative to my own state of health (physical, mental, emotional) and to the awareness, care, and skill with which I conduct myself in the activity or program. I understand that my choice to participate in any of these programs brings with it my assumption of those risks and results stemming from this choice.

I agree that Yang's Fitness Center shall not be responsible for any injuries to me resulting from my participation in the program. I expressly release and discharge Yang's Fitness Center, it's owners, employees, agents, and/or assigns from all claims, actions, judgments, and the like which I or my heirs, executors, administrators, or assigns may have in connection with my participation in the program. The only exception would be an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators, and assigns. I have read this release and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Participant Signature (Parent/Guardian if under 18) \_\_\_\_\_

\_\_\_\_\_ Date