



## Gym Membership Waiver

|                                 |  |              |  |                   |  |
|---------------------------------|--|--------------|--|-------------------|--|
| Member Name                     |  |              | Date of Birth  |                   |  |
| Street Address                  |  |              |  |                   |  |
| Phone Number                    |  |              | Email address (for gym information/newsletters only) |                   |  |
| Emergency Contact Name/Relation |  | Phone Number |  | Alt. Phone Number |  |

I (print name) \_\_\_\_\_ understand that there are benefits and risks associated with exercise. Participation in a regular exercise program of physical activity has been shown to produce positive changes in several organ systems. These changes include increase work capacity, improved cardiovascular efficiency and increase muscular strength, flexibility, power and endurance. I also understand there are some risks associated with exercise. I may have musculoskeletal system problems, such as discomfort in muscles, sprains and strains. The cardio respiratory system may go through some discomfort as well such as dizziness, discomfort with breathing and in extreme cases heart attack.

**I hereby certify that I know of no medical problem that would increase my risk of illness or injury as a result of participation in a regular exercise program.**

I (print name) \_\_\_\_\_ agree to waive all liability on the part of All Heart Fitness LLC (DBA BC Fitness) for any and all injuries that may occur as a result of my participation in activities held on the premises of BC Fitness, 2318 SR 72 Jonestown PA 17038. I understand that participation in activities held on the premises of BC Fitness is at my own risk. I understand that it is my responsibility to stay safe and know my limitations, I will ask for help/spotter if needed.

**I understand that I am responsible to report any injuries, equipment problems and or any other concerns that I notice.**

**Initial** \_\_\_\_\_

I understand that I am not in a contract for payment with BC Fitness.

I further understand that all monies paid to BC Fitness for Gym Membership are nonrefundable for any reason other than a medical condition. If a medical condition does arise, please provide a doctor note confirming this.

Timely payment by cash or check is expected.

This waiver will remain in effect for 24 months at which time I will be contacted by BC Fitness staff and expected to sign an updated waiver if I wish to continue a gym membership at BC Fitness.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Please initial below if you would like to receive a copy of this gym membership waiver

\*\*\*Yes, please provide me a copy of this gym membership waiver (member initials) \_\_\_\_\_

\*\* Please provide me a receipt with each payment I make \_\_\_\_\_

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