



SUE SANITY FITNESS

SueSantiy@yahoo.com

SUESANITY REGISTRATION FORM

NAME: (FIRST, LAST)

DATE OF BIRTH: (mm/dd/yy)

EMAIL ADDRESS: (PRINT CLEARLY)

PHONE NUMBER:

PAYMENT INFORMATION

POUND CARD: SESSION JUNE 6' 17

SOUTH WINDSOR & LAFA LAKESHORE	\$80.00	CASH <input type="radio"/>	EMAIL TRANSFER <input type="radio"/>
DROP IN	\$10.00	CASH <input type="radio"/>	

EMERGENCY CONTACT

NAME: (FIRST, LAST)

PHONE #

MEDICAL CONDITIONS OR PHYSICAL CONDITIONS (IF ANY):

WAIVER & RELEASE OF LIABILITY & ASSUMPTION OF RISK POLICY INFORMATION

REFUND POLICY: Cash refunds will not be granted unless a medical certificate is received. A credit towards the following Suesanity Session will be granted once approved documentation is received. Refunds and credits will be pro-rated.

Refund Policy- Initial ☐

EMAIL /DIGITAL NOTIFICATIONS & PHOTO CONSENT: I consent to receive email or digital notification from SueSanity Fitness informing of upcoming events, registrations, cancellations and information from Suesanity Fitness. This confirmation is now required under the legislation which came into effect on July 1, 2014. In addition, I understand that photos or videos may be taken by Suesanity or an approved photographer for digital and print promotion of Suesanity Fitness.

Email/Digital Notification Consent ☐

ACKNOWLEDGEMENT OF HEALTH

I declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent me from participating in training sessions or my use of Equipment (as defined below). I acknowledge I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of Equipment. I recognize it is my sole responsibility to obtain an examination by a physician prior to my participation in an exercise program. I acknowledge I have either had a physical examination and been given my physician's permission to participate, or if I have not had a physician's permission prior to beginning this exercise program with Trainer, I acknowledge I am doing so at my own risk.

ASSUMPTION OF RISK

I am voluntarily participating in Activities. I understand and take sole responsibility for any and all Injuries and Changes that may occur to myself, including but not limited to Trainer, related to any and all Activities associated with Trainer's instruction, even if not specifically set forth in this form, whether or not they fall within the scope of reasonably foreseeable injuries related to such Activities, and whether or not undertaken in Training. Although Trainer will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all Injuries and Changes that may occur. It is my sole responsibility that if I am unsure of the proper form of an exercise I will ask for further instruction or stop the exercise.

ACKNOWLEDGEMENT OF PURCHASE

I, _____, through the purchase of the SueSanity Fitness training sessions, have agreed to participate voluntarily in physical exercise, including, but not limited to, strength training, flexibility development, and aerobic exercise ("Activities"), under the guidance of Vidinovski. I further agree that the monies given for the training sessions are non refundable.

PRINT NAME _____ SIGNATURE _____ DATE _____

WHEN WAS THE LAST TIME YOU DID SOMETHING FOR THE FIRST TIME ?

- SueSanity -

will be provided

federal anti-spam
otographer for

at my participation
y participation in
involvement in any
hosen not to obtain

self and/or others,
his document,
or's presence.
Injuries and
simply not perform

in a program of
e of Sue

