

Pinnacle Fitness Client Registration

Date: _____

Members Name: _____

Address: _____

DOB: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Emergency Information Name/Number: _____

Activities: _____

Notes: _____



3215 Cains Hill PI NW
Atlanta, GA
404.228.3705
Pinnaclefitnessgym.com

Pinnacle Fitness Waiver & Release

Read the following and sign below to indicate your acceptance of the following terms. The undersigned hereby represents to Pinnacle Fitness, with the understanding that Pinnacle Fitness will rely on such representation, as follows:

- 1.) I am in good physical condition and able to use equipment and participate in the programs made available by Pinnacle Fitness, with the understanding that Pinnacle Fitness personnel are not licensed to and have no special expertise in diagnosing, examining, treating, or otherwise assisting with any medical condition or the effect of the use of equipment or participation in programs with respect thereto.
- 2.) I understand that the use of the equipment and the participation in the programs made available by Pinnacle Fitness are at my sole risk, understanding the risk of injury and other accidents, and hereby agree to assume the full risks thereof, foreseen and unforeseen.
- 3.) I shall be responsible and pay for all damages, cost, loss and expense for property of Pinnacle Fitness caused by the undersigned and/or my guests.
- 4.) Pinnacle Fitness and its owners, and/or any affiliated companies and their respective owners, officers, guests, employees, and attorneys (collectively, the Pinnacle Fitness group) shall not be liable for any claims, demands, injuries, damages, actions, or cause of actions for or to the undersigned, or its guests or property, which arise wholly or partially due to the negligence of the undersigned, or of any other person other than the Pinnacle Fitness group, and/or which arise wholly with the use of any services and or facilities of Pinnacle Fitness and the undersigned does hereby expressly forever release, hold harmless and discharge Pinnacle Fitness group, and each and every member thereof, from any and all liability for such claims, demands, injuries, damages, actions or causes of action, and shall indemnify them for any costs, damages, actions or expenses associated herewith.
- 5.) Without in any way limiting the foregoing, the undersigned hereby agrees that in the event of any injury which the undersigned considers not waived pursuant to the provisions hereof, the undersigned shall, as a condition to making any claim against any member of Pinnacle Fitness group, and within ten (10) days following

Pinnacle Fitness
3215 Cains Hill PI
Atlanta, GA. 30305

occurrence give rise to such injury, at the undersigned's sole expenses, be examined by a licensed physician who shall report in writing to both undersigned and Pinnacle Fitness within ten (10) days following such examination.

6.) I agree no warranties, representations, or agreement of merchantability, fitness for a particular purpose, or otherwise, express or implied, were made to the undersigned.

In the event any portion of this agreement is found to be invalid or unenforceable, the undersigned agrees that the remainders of this agreement will be valid and enforceable.

Signature: _____

Witness: _____ Date: _____



Client and Private Trainer Agreement

1. The private trainer will provide a personalized fitness program for the client.
2. The intensity of the personalized fitness program will advance in stages. During a workout session, the client should stop immediately if he/she feels ANY discomfort, dizziness, or to the private trainer, who can make the necessary adjustments or terminate the workout.
3. Pinnacle Fitness will be paid in advance, i.e., weekly, monthly or 3 monthly payments according to the number of sessions scheduled. Rates are attached (Training Rates) and incorporated by references herein.
4. Missed-Sessions will be charged. 24-hour advance notice of appointment cancellation or session rescheduling is required to avoid payment (with the exception of illness or emergency situation where a 1-hour notification will be accepted). If proper advance notice is given, credit will be applied to future appointments.
5. If legal proceedings are commenced to enforce any of the terms or conditions of the agreement, the prevailing party shall be entitled to the cost of suit and attorney fees.

Client
Signature:

Date:

Phone Number:

Email:

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