

Group Workout Class Registration Form **Conducted by Akbar Syed at EIC**

*Please Print Legibly – All information shall remain strictly confidential!

Date: _____

How did you hear about the group workout classes: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Best way to notify you in the event a scheduled workout class is cancelled for that day:

Email Text Message to number () - What's App to number () -

You are: Male Female / Adult Teen

Current Age: _____ **Birth Date:** _____

Primary Fitness Goals: General Conditioning Improve Endurance Reduce Body Fat
 Develop Strength Tone Muscle Develop Muscle

Fitness Level: Beginner Intermediate Advanced

Please list any health / medical issues or concerns:

Please Indicate the days and times you are interested in attending our current workout classes:

Group Workout Class - Waiver, Agreement and Release Form

Group Workout Class - Waiver Of Liability: I, the undersigned have enrolled in a fitness/exercise program of strenuous physical activity which may include but is not limited to aerobic conditioning and cardiovascular conditioning, weight training, strength training and flexibility training offered by:

Akbar Syed at Evergreen Islamic Center. In consideration of my participation in this fitness/exercise program, the undersigned, for myself, my heirs and assigns, hereby release *Akbar Syed and Evergreen Islamic Center* (it's owner, employees facility, organization, business or any persons involved with the fitness/exercise program), from any claims, demands and causes of action arising from my participation in the fitness/exercise program. I fully understand that I may injure myself as a result of my participation in the fitness/exercise program and I do hereby release *Akbar Syed and Evergreen Islamic Center* (it's employees and owner), from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries and any other illness, soreness or injury caused, occurring, during or after my participation in the fitness/exercise program.

I hereby affirm with my signature below that I have read, understand and agree to the above.

Group Workout Class - Physicians Examination Waiver: ATTENTION: You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur and that I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physician's approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

I hereby affirm with my signature below that I have read, understand and agree to the above.

Group Workout Class - Policy/Procedure Agreement: I the undersigned, agree to the policies and procedures that have been presented to me. Failure to comply with the policies and procedures at any given time can result in termination of my service participation I further understand that no refunds for unused classes will be given unless a documented medical release is provided, stating a severe illness or condition, which limits me from continuing the program. I also understand that I must give at least 2 hours advance notice if unable to attend a scheduled class session.

I hereby affirm with my signature below that I have read, understand and agree to the above.

I hereby affirm with my signature below that I have read, understand and agree to all of the above in its complete entirety!

Print Name: _____ Signature: _____
Date: _____