



Enrollment & Waiver

Name (Last) _____ (First) _____ (MI) _____

Address _____ (City) _____ (State) _____ (Zip) _____

(Cell) _____ (Home) _____ (Work) _____

Private Physician _____ (Phone) _____

Emergency Contact _____ (Phone) _____

DOB ____/____/____ Weight _____ Height _____ Gender _____

E-Mail _____ Date _____

I, _____, (FULL NAME) agree to participate in one or more of the following Under Armour Combine Training Center (the "Training Center") activities (check all that apply):

- _____ outdoor fitness experience with a certified Life FX Personal Trainer
- _____ group indoor training programs with a certified Life FX Personal Trainer
- _____ personal training with a certified Life FX Personal Trainer
- _____ use the Training Center facilities as a guest

I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardio respiratory systems. I hereby certify that I know of no physical restrictions, disability, or medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Life FX. I acknowledge that Life FX strongly advises all individuals who will participate in an exercise program to consult a physician and to obtain a physical exam before beginning the exercise program. If a physician determines I am only capable of limited physical activity, I will only participate in the exercise program in strict conformance to a physician directed program intended to advance or maintain my health

I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death.

I agree to waive, release, remise and discharge UA Combine Training Center, LLC ("UACTC"), Life FX at Tide Point, LLC ("Life FX") and their agents, officers, principals and employees of any and all claims, demands, actions, or damages of any kind resulting from participation in any exercise program, class, or instructions. I understand and assume any and all risk of participation in any exercise programs involving Life FX and/or UACTC.

I hereby affirmatively state that I am eighteen years of age or older; I have read this Enrollment & Waiver in its entirety; I have had the opportunity to consult with an attorney to the extent I wish to do so; and I sign this Enrollment & Waiver willingly and with full knowledge and understanding of its legal effects.

Participant's Signature _____

Date _____

Life FX Instructor's Signature _____