



## Participant Information Form

### Personal Information:

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_  Yes, include me in email updates from The Fitness Studio.

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about The Fitness Studio? \_\_\_\_\_

I am aware that at times The Fitness Studio may record or take photos of participants. I give The Fitness Studio permission to use my name, likeness, photos, videotape, and verbal or written statements for promotional materials. \_\_\_\_\_

Initials

I, \_\_\_\_\_ (print name of participant), acknowledge that I have voluntarily elected to participate in exercise routines operated by The Fitness Studio. I am aware that participation in the routines will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that there are possible risks involved. I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines.

(If participant is a minor) I, \_\_\_\_\_, the parent or legal guardian of the participant, hereby grant permission to any employees or representatives of The Fitness Studio to authorize and obtain medical care for the participant from any licensed physician, hospital, or medical clinic should the participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment.

I have carefully read this agreement before executing it and acknowledge that I am signing this agreement voluntarily and with the full intent of releasing The Fitness Studio from any and all claims arising as a result of my participation in the routines.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of participant or, if applicable, parent or legal guardian of participant