



Registration / Waiver Form

Date ___/___/_____

First Name _____ Middle _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth ___/___/___ Phone(____)____ - _____ E-mail _____

Start date ___/___/___

Liability Waiver Please Read and Sign Below

Exerciser hereby stipulates that he/she is physically sound and that he/she has approval to proceed with a routine of exercise.

LIMITATIONS OF EXERCISE, IF ANY: It is further expressly agreed that all strength training, cardiovascular exercise, or any other exercise shall be undertaken by me at my sole risk and that Antanique Landry and her agents or employees shall not be liable to me for claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services provided and of the premises where the same is located. I do hereby expressly forever release and discharge Antanique Landry and her agents or employees from all such claims, demands, injuries, damages, actions or causes of action, from all acts of active or passive negligence on the part of Antanique Landry and her agents or employees. I further expressly agree that I will not use equipment improperly. If I have any questions whatsoever, concerning exercise and use of equipment, I agree that I will request instruction from Antanique Landry and or her agents or employees.

X _____
Signature

DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND THE TERMS COMPLETELY. IF YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL COUNSEL.

X _____

Parent or Guardian Signature

(If under 18 years old parent or guardian is required)