



# New Client Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact – Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us?  Facebook/Instagram/Social Media  Flyer  MINDBODY  Online Search  
 Friend: \_\_\_\_\_  Other: \_\_\_\_\_

### More Fit & ANM II, Inc. Waiver and Release Form

In participating in any way in More Fit/ANM II Inc. ("Releasee") related classes, activities, and events, the undersigned acknowledges and agrees to the following:

The risks of injury and illness (including COVID-19) to any participant from the activities involved in these programs are significant, including the potential for permanent disability and death, and while rules and procedures may reduce these risks, the risks of serious injury and illness do exist. Because physical exercise can be strenuous and subject to risks of serious injury, I understand that the Releasee has recommended that I obtain a physical examination from a doctor before participating in any exercise activity or using any exercise equipment. I agree that by participating in physical exercise or training activity, I do so entirely at my own risk.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the Releasees, or otherwise, and assume full responsibility for my participation. I myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS More Fit/ANM II Inc., its owner, employees, volunteers, other participants, and if applicable, owners and/or lessors of premises used to conduct the participation WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs and classes, arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs and classes, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Furthermore, I understand that all More Fit services are non-refundable and non-transferable, and I have noted the expiration period for such services. More Fit/ANM II Inc. is not responsible for any loss of or damage to personal property. I grant permission to More Fit/ANM II Inc. to use photographs or videos which may include my image or voice for purposes of promoting the studio.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I expressly agree to release and discharge the Releasee, its employees, and facility from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against the Releasee, its employees, and facility.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_