

REGISTRATION FORM

Jersey Shore Wellness Studio
108 Main Street Suite 7 - Oceanport, NJ
www.jerseyshorewellness.com

Name:

Date of Birth:

Address:

Cell Phone #:

Email:

Emergency Contact & Phone #:

Booking Policy: Our classes are small in structure to create a personalized, comfortable and safe training environment for you. Please RSVP within AT LEAST 24 hours ensure your spot in class!

If we do not have any RSVP's 2 hours prior to a class the class will be cancelled for that day.

Please RSVP to any morning classes by 8pm the night prior to the class.

Cancellation Policy: All personal training session require 24 hour cancellation as a courtesy to your trainer.

All group classes require 2 hours advance cancellation to allow wait listed peers to be notified and potentially enroll in that class.

All classes and training sessions cancelled outside of these windows, including no show appointments, will be charged in full.

**All packages will expire 2 months from their date of purchase.*

**Packages are non-transferrable and non-refundable.*

Physical Activity Readiness Questionnaire:

1. Has a doctor diagnosed you with a heart condition and restricted you to only perform physical activity recommended by a doctor?

YES / NO

If YES, Explain:

2. Do you feel pain in your chest when you do physical activity?

YES / NO

If YES, Explain:

3. In the past month, have you had chest pain when you were not doing physical activity?

YES / NO

If YES, Explain:

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

YES / NO

If YES, Explain:

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

YES / NO

If YES, Explain:

6. Are you currently taking prescription medication (example blood pressure or heart condition)? YES / NO

If YES, Explain:

7. Do you know of any other reason why you should not do physical activity?

YES / NO

If YES, Explain:

Additional Questions:

1. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder etc).

If YES, Explain:

2. Have you ever had any surgeries?

If YES, Explain:

3. Has a medical doctor ever diagnosed you with a chronic medical condition such as hypertension (high blood pressure), coronary heart disease, coronary artery disease, high cholesterol or diabetes?

If YES, Explain:

X _____

(NAME/DATE/SIGNATURE)

WAIVER & RELEASE OF LIABILITY

Jersey Shore Wellness Studio

108 Main Street Suite 7 - Oceanport

www.jerseyshorewellness.com

Photo/Video Release:

X _____

I hereby grant Jenna Romano and Jersey Shore Wellness Studio and NJ Kickboxing Bootcamp permission to use my photograph/ video images in any and all publications for Jenna Romano and Kickboxing Bootcamp and Jersey Shore Wellness Studio including social media and web site entries, without payment or any other consideration in perpetuity. I hereby authorize Jenna Romano and Jersey Shore Wellness Studio and NJ Kickboxing Bootcamp to edit, alter, copy, exhibit, publish or distribute all photos, images and videos. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Jenna Romano and Jersey Shore Wellness Studio and NJ Kickboxing Bootcamp from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of on behalf of my estate which may have or may have by reason of this authorization.

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Jersey Shore Wellness Studio programs, its related events and activities, I, _____ (name of participant), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS JENNA ROMANO/KICKBOXING BOOTCAMP/JERSEY SHORE WELLNESS STUDIO, their officers, officials, agents and/or employees and contractors, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ **(Date)** _____

Name:

Email: