

GroupFit™ Client Information

Name: _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

GOALS: Health & Fitness Strength/Endurance Special Event Preparation

Weight Management Rehabilitation/injury Other: _____

How did you hear about us?

Referral | BF Trainer | Community Event | Flyer | Website | SB Rec Mag | Walk By | Ad | Internet

I understand that I am responsible for:

- providing accurate and current information about my present, past and future health history.
- asking questions if I do not understand the explanation of my assessment, fitness programs, or any instructions.
- updating us about any changes in my health and fitness status.
- following rules and regulations given by or posted within Beach Fitness Inc.
- I have read and received a copy, understand, and agree to all the Beach Fitness GroupFit™ Agreements, Policies and Procedures on the following page.
- I have read and received a copy, understand, and agree to the Beach Fitness Informed Consent of GroupFit™ Program on the following page.

GroupFit™ Credit Card Authorization

Client confidentiality is of utmost concern for Beach Fitness and its clients. Beach Fitness does not share any credit information, run credit checks, or report to any credit agencies. Your security is our concern and we will do everything possible to protect your information.

By signing the GroupFit™ Credit Card Authorization Agreement I agree that Beach Fitness may hold my Credit Card information on file and give Beach Fitness the right to charge my card to purchase or renew my group fitness package of classes and products or services that I mutually agree to purchase. I also understand that once my card is charged there are no refunds for any products or services purchased.

Client Signature: _____ Date: _____

GroupFit™ PAR-Q (Physical Activity Readiness Questionnaire)

YES | NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

- *I have answered the GroupFit™ PAR Questionnaire accurately and completely. I understand that my medical history is a very important factor in the development of my fitness/wellness program. I understand that certain medical or physical conditions which are known to me, but which I do not disclose to Beach Fitness, Inc. may result in serious injury to me. If any of the above conditions change, I will immediately inform Beach Fitness, Inc. of those changes. I, knowingly and willingly, assume all risks of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the attached questionnaire.*
- *I have read and received a copy of the Beach Fitness GroupFit™ Studio Rules and procedures.*

Client Signature: _____ Date: _____

Description of Potential Risks - I understand that **no** exercise program is without inherent risks regardless of the care taken by a group fitness instructor, and that my personal safety **cannot** be guaranteed by my group fitness instructor. I realize that when participating in any exercises, particularly those that induce cardiovascular stress, there is a slight chance of serious injury (e.g., heart attack, stroke, or other cardiovascular events) or catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g.; bruises, musculoskeletal strains and sprains), less frequently, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs) and rarely, catastrophic injury (e.g., death, paralysis). **Initials** _____

Participant Acknowledgements - Agreeing to this exercise program I acknowledge that my participation is completely voluntary. I understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks. I give consent to certain physical touching that may be necessary to ensure proper technique and body alignment. I understand that the achievement of my health and fitness goals **cannot be guaranteed**. I have had a voice in planning and approving the activities selected for my exercise program. I have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction. I am in good physical condition, have no impairment, which might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program. I have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop. **Initials** _____

GroupFit™ Policies & Procedures

- There is a requirement of a **24-hour advance notice for cancellation** or rescheduling. Failure to cancel within this time frame or failure to show up for a session will result in the full charge for the session.
- **Class sizes are limited. You are required to pre-register for all classes.** Please note that Strength-X is especially limited because of equipment availability. You must reserve a spot in advance for all classes.
- First priority will be given to those who have made reservations, second priority will be given to those who SIGN IN FIRST. Please make sure that you sign in upon arrival to all classes.
- Clients that have pay per-class packages may make standing appointments. Standing appointments must follow the guidelines of the Cancellation Policy as described above.
- Recurring or "standing" appointments may only be reserved up to 30 days in advance with a pre-paid 6 month unlimited package. Otherwise, all clients with monthly packages are "first reserve - first serve". Check your online calendar and sign up early to reserve your space up to one week in advance.
- GroupFit™ schedules are subject to change due to holidays, weather, instructor availability, and season. We make our best effort to post schedule changes in advance.
- All special workshops are considered special events and are not included in the monthly packages.
- Out of courtesy to other classes please do not walk through the GroupFit™ Studio during class. If you arrive early please enter our studio, sign in, and move directly to the waiting area.
- Classes are a group effort, modify as needed, and please follow all instructors' directions.
- Please do not bring headphones, cell phones, or children (except BeachFit Moms) to classes.
- Cardio equipment in our personal training studio is for those participating in personal training sessions, and is not included in any GroupFit™ class package that we offer. Email us for details about personal training at hello@beachfitness.com.

Packages & Billing:

- All sales are final, no extensions, or refunds. All packages are non-refundable. Session packages may transfer dollar value into other services.
- Monthly packages are "use or lose," non-transferrable, and non-refundable.
- Monthly packages are month-to-month, your month starts on the day that you purchase your package (unless otherwise specified) and ends 30 calendar days later.
- 30-days notice must be given to cancel any monthly GroupFit™ autopay.
- **ALL autopay cancellations and/or changes must be emailed to hello@beachfitness.com for proper documentation. If you do not send an email, cancellation is not guaranteed.**
- Need to cancel right away? No problem, email request to hello@beachfitness.com and an early termination fee of \$50 will be charged to your credit card on file.

I have read, understand, and agree to all GroupFit™ Studio Policies & Procedures.

Client Signature: _____ Date: _____