



ALLIED STRENGTH

STRONGER TOGETHER

Allied Strength Athlete Group Drop In/Trial Form

Date: _____

Preferred Group/Time: _____

Name _____ Date of Birth(MM/DD/YYYY) _____

E-Mail _____ Phone # _____

Street Address _____ City _____ Zip _____

What Sports Do You Play? _____

Did a Friend Refer You? If so, Who? _____

Do You Have any Current Injuries or Mobility Restrictions That We Should Know About? (**Also please inform us immediately, if at any time, you have any pain while training**).

Is There Anything Else We Should Know About Your Exercise/Training Background?

What is Your Favorite Band, Musician, or Album to exercise to?

Allied Strength LLC Release of Liability/Informed Consent

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Allied Strength, LLC and to use its facilities, equipment, and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge Allied Strength, LLC or its employees or contractors and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any activities, programs or services of Allied Strength, LLC or its employees or contractors or the use of any equipment at various sites, including home, provided by and or recommended by Allied Strength, LLC or its employees or contractors.

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use exercise equipment. I acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, program and use of equipment.

4. I understand that Allied Strength, LLC providing and maintaining and exercise/fitness program for me does not constitute an acknowledgment, representation of indication of physiological well-being or a medical opinion relating thereto.

Payment Terms

I agree and permit Allied Strength, LLC for those training services provided in the indicated "Program", to acquire or receive funds from my account(s) indicated under "Payment" in amounts indicated by the selected payment schedule. I understand that it is my responsibility to inform Allied Strength, LLC of any cancellation or alteration to the schedule.

Print Name _____ Sign _____ Date _____

Parent/Guardian if under 18:

Print Name _____ Sign _____ Date _____