



**Personal Information:**

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

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Cell : \_\_\_\_\_ Home: \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

**Terms of agreement/ Rules of use:**

In utilizing said Perfect Fit Health and Fitness facilities and equipment or participation in other Exercise course, Nutrition coaching, Infrared Sauna and/or Red Light Therapy clients recognize and acknowledge that there is known risk of injury. Client does so at his/her own risk and voluntarily assumes responsibility for any injury or accident that may occur to him/her on or about Perfect Fit Health and Fitness premises. Client hereby fully and forever releases and discharges Perfect Fit Health and Fitness and all associated businesses, its owners and agents from any and all claims, demands, rights of action or causes of action, present or future, whether the same be known, anticipated, or unanticipated resulted from, arising out of or incident to members use of the intended use of Perfect Fit Health and Fitness' services, facilities, or equipment. Client shall use such facilities and equipment and participate in said activities in a responsible manner and in compliance with all Perfect Fit Health and Fitness 'rules and regulations and will report any injuries and accidents that may occur to him/her in, on or about Perfect Fit Health and Fitness' premises immediately to Perfect Fit Health and Fitness management. Perfect Fit Health and Fitness is not responsible for the loss of personal articles. Unsupervised exercise is prohibited.

It is encouraged to seek physician's advice before participating in any physical exercise or use of the Infrared Sauna and Red Light Therapy.

Client agrees that his/her participation in the group fitness class, personal training, nutrition coaching, Suana, Red Ligh and use of the studio gym equipment is voluntary and are participating at his/her

own risk and that you assume any and all risk of injury, illness, damage, or loss that may occur to your person or property.

Client declares to be physically sound and suffering no condition, impairment, disease, or other illness that would prevent the client's participation. Client acknowledge that he/she have either had a physical examination and have been given a physician's permission to participate in these services, or that he/she has decided to participate without the approval of a physician.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date

**Cancellation Policy:**

If you need to cancel an upcoming appointment, we require 24-hour advanced notice. Cancellations within 24 hours of scheduled appointment will be billed.

I understand and agree to all of the above:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

25 Plaza Drive Suite 4  
Scarborough, ME 04074  
Phone: 207- 883-1770  
PerfectfitTM@gmail.com