



Anna Carter Fitness

Enrollment Form

Name _____

Email _____

Cell Phone _____ **DOB** _____

Address _____

City/ State / Zip _____

Emergency Contact name _____ **Phone** _____

Purchase _____

Payment method ____ cash or ____ check

Checks made payable to: Anna Carter

Received by _____

Date _____

MC/Visa

Card number

----- exp _____

SCC _____

Credit card Auth. Signature _____

Program Payment is non-refundable.

Release from liability:

I have volunteered to participate in a program of physical exercise under the direction of Anna Carter Fitness, which will include, but may not be limited to, weight and/or resistance training. In consideration of Anna Carter Fitness agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Anna Carter Fitness, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) MY USE OF ALL AMENITIES AND EQUIPMENT IN THE FACILITY OR PREMISES AND MY PARTICIPATION IN ANY ACTIVITY, CLASS PROGRAM, PERSONAL TRAINING OR INSTRUCTION (2) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (3) THEIR NEGLIGENCE INSTRUCTION OR SUPERVISION (4) ANY SLIPPING AND/OR FALLING DROPPING OF EQUIPMENT WHILE ON PREMISES INCLUDING ADJACENT SIDEWALKS AND PARKING AREAS.

Participant Signature _____ **date** _____

How did you hear about this program? _____