



Registration Form & Waiver

Today's Date:	_____/_____/2020 Day Month Year
How did you hear about Studio FuZion?	<input type="checkbox"/> Friend <input type="checkbox"/> Facebook/Instagram <input type="checkbox"/> Google <input type="checkbox"/> Website <input type="checkbox"/> Email Blast/Newsletter <input type="checkbox"/> Event: _____ <input type="checkbox"/> Other: _____
Name: <i>(please print)</i>	_____
Date of Birth:	____/____/____ MONTH DAY YEAR
Address:	Street: _____ City: _____, ON Postal Code: _____
Phone:	Cell: (____)____-____ Home: (____)____-____
E-mail:	_____@_____.____ <input type="checkbox"/> ← No Thanks <i>By providing your e-mail address you consent to receiving emails from Studio FuZion regarding schedule updates and promotions. If you do not wish to receive Studio FuZion e-mails, please check the 'No Thanks' box.</i>
OFFICE USE ONLY	
Pricing Option: <i>*all rates will have HST added at point of sale</i>	<input type="checkbox"/> Promo: _____
	<u>Class Packs</u> <input type="checkbox"/> \$12 (+HST) - Drop-In <input type="checkbox"/> \$99 (+HST) - 10 Class Pack (exp. in 6 months) <input type="checkbox"/> \$179 (+HST) - 20 Class Pack (exp. in 9 months)
	<u>Unlimited Class Packs</u> <input type="checkbox"/> \$65 (+HST) - 1 Month <input type="checkbox"/> \$120 (+HST) - 2 Months <input type="checkbox"/> \$165 (+HST) - 3 Months
	<u>Monthly Unlimited Memberships</u> <input type="checkbox"/> Regular @ \$49/month (+HST) <input type="checkbox"/> Loyalty @ \$39/month (+HST) <input type="checkbox"/> Corporate/Student @ \$39/month (+HST)

1-1253 King St. E., Kitchener, ON (519) 208-8520 www.studiofuzion.com

****Please sign waiver on reverse →***



Waiver

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR FITNESS CLASSES & EVENTS AT STUDIO FUZION

This agreement is by and between **the instructors at Studio FuZion** (herein referred to as the authorized FuZion instructor) **and the named participant on the reverse side** (herein referred to as the participant).

I, the above named participant, hereby agree to the following:

1. I am participating in fitness classes, offered by the authorized FuZion instructor and during which I will receive information and instruction about fitness. I recognize that fitness classes require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in fitness classes. I represent that I have consulted with a physician and warrant that I am physically fit and I have no medical condition that would prevent my full participation in fitness classes.
3. In consideration of being permitted to participate in fitness classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating.
4. In further consideration of being permitted to participate in fitness classes, I knowingly, voluntarily and expressly waive any claim I may have against Studio FuZion for any loss, damages, and injury, including death that I may sustain as a result of participating in fitness classes.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the Studio FuZion for any injury or death caused by my voluntary participation in fitness classes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in fitness classes at Studio FuZion.

PARTICIPANT'S SIGNATURE

DATE

If Participant is under 18; please continue:

As Legal Guardian of _____ I, Consent To The Above Terms And Conditions.

GUARDIAN NAME (PRINT)

SIGNATURE OF LEGAL GUARDIAN

DATE