



REGISTRATION & WAIVER FORM

CLIENT/ATHLETE INFORMATION

Name: _____ **Age:** _____

Check one of the following:

Group Training 1 on 1 Private Training Team Training

Medical Conditions:

Goals:

Athlete Information if under 18 years. (Write Parent Name, Telephone & email below)

Fees

Check one of the following

35\$ Group Training **50\$ + HST** 1 on 1 Private Training **120\$ + HST** Team Training

NOTE: Please make cheques payable to: Jamil Abiad - NL Fitness

I hereby agree:

- TO WAIVE ANY CLAIM that I have against Jamil Abiad - NL Fitness
- TO RELEASE THE RELEASEES from any liability for loss, damage, injury or expense that I, or my child may suffer as a result from participating in any Jamil Abiad - NL Fitness programs.
- I also hereby authorize, in my absence, for Jamil Abiad - NL Fitness staff/ employees to seek medical attention in case of emergency.
- I am physically fit to participate in the Jamil Abiad - NL Fitness programs; I am the legal or custodial parent of the child named above.
- I acknowledge that photos or video taken at Jamil Abiad - NL Fitness sessions remain the sole property of Jamil Abiad - NL Fitness and may be used for web or print marketing material.

I HAVE READ AND UNDERSTAND THIS AGREEMENT.

Signature of Client, Parent or Legal Guardian

Date _____

Jamil Abiad - NL Fitness
Telephone - 1 (613) 302-7505
Email: info@janlfitness.com
Website: www.janlfitness.com