

Turning Point Fitness



Fall 2010 Registration Form: September 13th – December 22nd
Please select your time preference – you can choose more than one timeslot.

EQUIPMENT CLASSES: 10 Class Card _____ (expires 3 month)
15 Class Card _____ (expires 4 months) 30 Class Card _____ (expires 6 months)
45 Class Card _____ (expires 5 months) 60 Class Card _____ (expires 6 months)

TRX:

Tuesday 9:30AM _____ Tuesday 6PM _____ Friday 5:45AM _____

KETTLEBELL: Sun 9:30AM _____ **JUMPBOARD / CIRCUIT:** Mon 5PM _____

TOWER: Tuesday 9:30AM _____ Tuesday 6:30PM _____
Wednesday 5:30PM _____ Friday 9:30AM _____ (Circuit)

XTEND: Monday 5:45PM _____ Tuesday 12PM _____ Thursday 9:30AM _____
Saturday 9:30AM _____ Sunday 10AM _____

Payment Amount: _____ Payment type: _____

Registration Information:

Name: _____			
Address: _____			
City: _____	Zip: _____	Birthday: _____	
Phone (Cell / home): _____		Email: _____	

Checks payable to **Turning Point Fitness, LLC:**

There is a \$25 processing fee for all returned checks. **Low Enrollment:** Due to low enrollment a class can be cancelled and your money will be refunded.

Class Refund Policy:

All payments are **non-refundable** except for the following reasons:

- If the class is cancelled
- If a student has a medical condition and receives a written letter from a physician stating why they can not participate in the program

I have read and agreed to the payment and refund policies.

Signature: _____ Date: _____

**AGREEMENT TO INDEMNIFY, AND NOT SUE, TURNING POINT FITNESS,
LLC
AND RELEASE OF ALL CLAIMS**

As a participant in this and any other program of **TURNING POINT FITNESS, LLC (“TPF”)**, I, for myself or the participant for whom I sign (if under 18 years of age), recognize and acknowledge that I/we may be exposed to a variety of risks and I/we agree to assume all such risks, including but not limited to, any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or injury I/we may sustain as a result of participating in any and all activities connected or associated with such programs. I acknowledge that I/we have no physical limitations, or disabilities of any kind which would restrict me/us from participating. Any special accommodations needed have been noted or will be brought to the attention of **TPF**.

In consideration of TPF accepting my/our registration and with the intent to be legally bound, I hereby, for myself or the participant for whom I sign (if under 18 years of age) and all heirs, executors, administrators and assigns: (1) forever release, waive and relinquish any claim I/we have or may have as a result of participating in this and all other programs of **TPF**; and (2) promise not to sue and agree to hold harmless and defend, **TPF** and its officers, agents, employees, independent contractors, and other representatives (referred to collectively herein as “**TPF**”) from any and all claims, liabilities, demands, actions or causes of action in any way resulting from my/our participation in this and all other programs of **TPF**.

PLEASE READ CAREFULLY, BY SIGNING YOU WAIVE CERTAIN LEGAL RIGHTS.

Date: _____

Signature of Participant

Parent/Guardian (if Participant is under 18 years old)

1. I understand and agree that it is my responsibility to inform the instructor of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury. _____(initial)
2. I understand the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and out side of the classroom. _____ (initial)
3. I understand that registration is **non refundable & non transferable**, except for reasons stated below. _____ (initial)
 - If the class is cancelled
 - If a refund is requested in writing 7 days prior to the class starting
 - If a student has a medical condition and receives a written letter from a physician stating why they can not participate in the program