

\$300 Gold {8sessions per month}
Session}

\$80 {1 Personal Training

Personal training packages are non inclusive of (\$120) gym usage fee. All membership Fee is non-refundable.

F.I.T Wellness Centre reserves the right to admit, deny or dismiss any person to/from its facilities or membership

WAIVER OF LIABILITY

This agreement waives the liability of F.I.T. Wellness Centre Ltd located at Rams Complex.

- I wish to utilize the services and facilities at the F.I.T. Wellness Centre.

- I hereby agree that I will indemnify and hold harmless the F.I.T. Wellness Centre and their affiliates, officers, directors, agents and employees from and against all actions, costs, claims, losses, expenses, and/or damages, including attorney-fees, that I might have now or in the future, for any personal injuries and /or property damage in any manner resulting from my use of the facilities and services of the F.I.T. Wellness Centre.

- I understand that exercise as well as various equipment activities has varying effects on the individuals based on their size, age, physical condition, and/or state of health and may require personal knowledge on their proper use. I further understand it is my sole responsibility to determine my physical fitness level for any exercise or Spa activity and the suitability of the exercise or services based on my personal condition and personal knowledge of the use of the equipment.

- I am declaring that I am physically capable of utilizing the facilities and services for the F.I.T. Wellness centre.

- I acknowledge that I have read this Waiver of Liability carefully and understand its meaning and I am voluntarily releasing the above named parties from all liabilities arising out of my utilization of any fitness facilities and extended services.

Name

Signature

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Should you feel that this particular program or activity will pose any health risk, please seek medical advice before starting. Common sense is your best guide in answering these few questions. Please read the question carefully and check the correct answer as it applies to you.

Yes No

Do you have any existing injuries?

Yes No

Do you frequently have pains in your heart or chest?

Yes No

Has your doctor ever said that you have heart trouble?

Yes No

Do you often feel faint or have spells of severe dizziness?

Yes No

Has a doctor ever said that your blood pressure was too high?

Yes No

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?

Yes No

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted it?

Yes No

Are you over age sixty-five (65) and not accustomed to vigorous exercise?

Yes No

Are you more than 30 lbs overweight?

Name

Signature

Date

Note: If you answered yes to one or more of the above questions, it is a good idea to consult with your physician by telephone or in person before commencing on your physical activity. Discuss with your physician the questions you answered YES to.

I have consulted with my physician and I am approved for physical activity.
