1420 Ashley Road
www.excelpt.net
Boonville, MO 65233
660-882-6115

INFORMED CONSENT/LIABILITY WAIVER

General Statement of Objectives and Procedures:
I declare that I intend to use some or all of the facilities and activities offered by **Excel Fitness Center,** and I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities offered by **Excel Fitness Center** are voluntary and are intended to be educational, recreational, and/or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the facilities, activities, programs, services, or the information and/or instruction I receive. I understand that it is recommended that each person consult with his or her physician before starting any exercise program.

Description of Potential Risks:
I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is risk of certain abnormal changes occurring during or following exercise, which may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attack, stroke, or death. Use of the weight lifting equipment or engaging in heavy body calisthenics can lead to musculoskeletal strain, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that during non-business hours Excel Fitness Center may not have staff on site, and during those times, I will be using the equipment and the facility at my own risk.

Description of Potential Benefits:
I understand that a program of regular exercise for the heart and lungs, muscles, and joints, has many associated benefits. They may include an increase in strength, a decrease in body fat, improvement in psychological function, and a decrease in risk of heart disease.

Conclusion:
I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction. I am free to refuse to answer any specific items or questions when filling questionnaires or during interviews. The information, which is obtained from questionnaires or interviews, will be treated as privileged and confidential, and will not be released or revealed to any person without expressed, written consent.
I understand that I am free to withdraw from this program at any time; if I do choose to withdraw/cancel my membership I understand that I must provide cancellation request in person, in writing, at least 15 days before the next automatic withdrawal date._____

Payment Disclosures:
There must be at least a 3 month commitment in order to receive a key card. To receive the multiple member monthly discounts, you must agree to continue membership for 12 consecutive months. _____
You may freeze any account for free one time per year; there will be a $15 freeze charge each additional freeze per calendar year.____
Additionally, there will be a $15 rejoining fee for each month you let your membership lapse._____
At the end of each annual membership, each membership will be continued at the current monthly rate until/unless membership is cancelled by member._____

***The monthly/yearly rate charge is non-refundable and may not be used toward any other Excel accounts.**

_____ _____ _____
Printed Name of Participant | Participant's **Signature** | Date

_____ _____ _____
Address (Street, City, State, Zip) | Phone # | Date of Birth

_____ _____
Social Security # | Email address

_____ _____ _____
Parent or Guardian's Signature (minors only) | Date | **Emergency Contact (Name and Phone #)**

_____ _____
Excel Fitness Center Staff Member's Signature | Date

_____ _____ _____
Credit Card Number | Name on Card | Exp. Date