



NEW MEMBERSHIP OR GUEST SIGN UP

LAST NAME _____ FIRST NAME _____ MI _____

EMAIL _____

CELL PH# (____) _____ - _____ WORK PH# (____) _____ - _____

BIRTHDATE ____/____/____ GENDER: M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW DID YOU HEAR ABOUT US? Web search Email Social Media
Other _____

REFERRED BY _____

EMERGENCY CONTACT

NAME _____ Relationship _____

HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

To help us better determine your training requirements and health goals please check any of the following that apply or interest you:

- FREE** Assessment with a personal trainer- Best time to contact you (AM PM)
 Weight loss Tone & Condition Competition Body Building Speed & Agility

Staff use:

Date _____

Membership Type _____ Key card # _____

Sold By (staff name) _____

POWERSTATION GYM & SPORTS TRAINING LIABILITY WAIVER
READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability ("Release") executed on this ____ day of _____, 20____,
by Participant: _____ (Participant address and contact information on page one of this document)
in favor of Powerstation Training LLC and Powerstation Gym LLC, doing business as Powerstation Gym and Sports
Training henceforth known as ""Powerstation"" with offices at 4343 South Dixie Highway, Middletown Ohio 45005, and
their directors officers, employees, and agents.

1. Acknowledgement of Risk. Participant understands and acknowledges that all exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercise shall be at the members sole risk. The Participant also understands and acknowledges that all programs and classes offered by and through "Powerstation", and that fitness classes, and even self monitored activities in which Participant desires to engage (the "Activities") while on the premises of "Powerstation" entail certain risks. Powerstation urges you and all members to obtain a Physical examination from a doctor before using any exercises equipment, machinery, or participating in any exercise or training class. Participant acknowledges that while the staff of "Powerstation", have been trained to protect physical safety, participation is purely voluntary.

2. Assumption of Risk. Participant understands the agreement to use or selection of programs, classes, trainings, methods, and types of equipment shall be the participants sole responsibility. Activities may involve indoor or outdoor activities and or training, physical exertion, use of mechanical equipment, exposure to hazardous conditions, or other circumstances that may be hazardous. Participant hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases "Powerstation", from all liability for injury, illness, death, or property damage resulting from the Activities.

3. Release and Waiver. Participant freely, voluntarily, and without duress, elects to participate in spite of the associated risk, and by signing this Release, knowingly and voluntarily assumes all responsibility for participation. Participant does hereby release and forever discharge and hold harmless "Powerstation", and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Participant's Activities with "Powerstation". Participant understands this releases "Powerstation" from any liability or claim the volunteer may have against "Powerstation" with respect to any bodily injury, psychological or emotional injury, personal injury, illness, death or property damage that may result from the Activities, whether caused by the negligence of "Powerstation" or its officers, directors, employees or agents, or otherwise. Participant also understands "Powerstation", does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness.

4. Medical Treatment. Participant does hereby release and forever discharge "Powerstation", from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Activities.

5. Media Release. Participant does hereby grant and convey unto Powerstation" all right, title, and interest in any and all photographic images and video or audio recordings made by, or on behalf of "Powerstation" during the Activities and while on the premises of "Powerstation", including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. **6. Other.** Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Participant also agrees that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Participant has executed this Release as of the day and year first above written.

Participant Signature: _____ **Participant Name:** _____

Staff (Witness) Signature: _____ Staff (Witness) Name: _____ Phone: 513-425-8100

If Participant is younger than 18 years old, this Release must be executed on their behalf by a parent or guardian.

Parent/Guardian's Signature: _____ **Parent/Guardian's Name:** _____