

Juárez Boxing Client Agreement

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

In consideration of my being able to participate in the Juárez Boxing Training Program, I understand that I must purchase a single or package of training session(s) and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability, and agree to the personal training policies and procedures.

I understand that the program is voluntary and that Martin Juárez and/or other trainers will develop and guide me through my exercise program. I represent that I will complete the Lifestyle Questionnaire accurately and completely, including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program, if my medications, conditions or medical and/or physical limitations change, I will notify Martin Juárez immediately. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so that I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I understand that Martin Juárez and/or another trainer will review my Lifestyle Questionnaire and any other pertinent health history provided but that they are not a physician and cannot replace the advice and expertise of a physician.

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform my trainer of any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the Juárez Boxing Training Program, including but not limited to exercising, use of exercise equipment and strenuous exertion, will increase heart rate and body temperature.

I understand that exercise involves certain risks, including but not limited to serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the risks of injury and even risk of possible death, which could occur by reason of my participation at Juárez Boxing. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

I do hereby waive, release and forever discharge Martin Juárez, Juárez Fitness, LLC d/b/a Juárez Boxing, their respective administrator's, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities, including but not limited to exercise, personal training or use of the equipment, including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.

I AGREE AND UNDERSTAND. INITIAL HERE_____.

Personal Training Policies and Procedures

1. Training sessions are nonrefundable.
2. Training sessions must be paid in full prior to training session.
3. **Boot camp monthly package sessions must be used within two months of the purchase date.**
4. **Client must give 8 hours advanced cancellation notice. If fewer than 8 hours notice is given or if client is a no-show, client will be charged for the session.**
5. Lifestyle Questionnaire and Client Agreement must be completed, signed and on file prior to the beginning of the first session.
6. Training session time will begin promptly at the time specified by the client and trainer regardless of whether client arrives on time. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

I declare that I have read, understand and agree to the contents of this Juárez Boxing Client Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability and Personal Training Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Alabama and agree that if any portion is held invalid, the remainder will continue in full force and effect.

AGREED TO BY: _____

DATE: _____

JUÁREZ FITNESS, LLC d/b/a JUÁREZ BOXING
1630 Crestwood Blvd.
Birmingham, Alabama 35210

LIFESTYLE QUESTIONNAIRE

Personal Information:

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

DOB: _____

Email: _____

Emergency Contact Information:

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Relationship: _____

Confidential Health Information:

Do you suffer from any medical conditions? _____

If yes, please list: _____

Do you have any physical limitations? _____

If yes, give details: _____

Do you suffer from back, muscle or joint pain? _____

If yes, give details: _____

Do you have any injuries or conditions aggravated by exercise? _____

If yes, give details: _____

Please list any medications you are currently taking: _____

Confidential Lifestyle Information:

Occupation: _____

Do you smoke? If yes, how many per day? _____

Are you currently involved in any exercise program? _____

If yes, please list how long and what type of exercise: _____

On a scale of 1 to 10 (1=not active and 10=very active) how active you are daily:

On a scale of 1 to 10 (1=poor and 10=excellent) rate your conditioning level: _____

How did you hear about Juárez Boxing? _____

Client's Signature: _____ **Date:** _____