

# Greater Buffalo Fitness Center

## Greater Buffalo Gymnastics & Fitness Center, LLC

**PLEASE PRINT ALL INFORMATION**

FULL NAME (Mr, Mrs, Ms, Dr): \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ How did you hear about our Program? \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CELL TELEPHONE #: \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Greater Buffalo Fitness Center Guidelines

- 1) Obtain a membership and access key.
- 2) Read & sign the registration form and release of liability.
- 3) Schedule a fitness center orientation. **Orientation must be completed before membership key is activated.**
- 4) Read and follow all warnings, instructions and guidelines posted on the equipment or about the facility.
- 5) Your access key will be assigned to you only. Should your tag be used by someone other than you without it being reported lost or stolen, or if someone accompanies you into the center, you will loose your membership privileges immediately with no refund issued.
- 6) You will need to bring a towel with you each time you work out to place on the equipment and wipe it off after you are finished.
- 7) It is very important that the **free-weights are NOT dropped on the floor and the weight stacks are not slammed under any circumstances.** This can cause injury to yourself or others. It could also crack the floor and/or jar loose the sprinkling system connections causing the water system to discharge. Dropping of weights will not be tolerated.
- 8) No heavy lifts are to be done without using a spotter. If you require assistance please ask someone for help or come down to the office if necessary.
- 9) We take pride in keeping our center clean for your use and comfort, and, with your assistance it can continue to stay this way. If you bring any type of replenishment beverage into the workout room, please take care that it is not spilled and clean up after yourself if it does spill.
- 10) Proper athletic attire is expected at all times. Shorts or sweats with clean sneakers are a must. Jeans, cut-offs or wet/dirty shoes will present a hazard to other users and equipment and, will not be tolerated.
- 11) We reserve the right to terminate your membership at any time should there be a problem with complying with the rules and policies.

I will devise my own work out schedule / plan and, work out at my own leisure assuming responsibility for my actions. I understand and agree to the above policies and guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Date Received: \_\_\_\_\_ Tag #: \_\_\_\_\_ Month Started: \_\_\_\_\_

Membership & Key payment: (Check # \_\_\_\_\_) (Cash \_\_\_\_\_) (Credit \_\_\_\_\_)

September 2010

## Greater Buffalo Fitness Agreement and Release of Liability

1. I agree to abide by the rules and guidelines in effect from time to time, and acknowledge that membership at Greater Buffalo Gymnastics & Fitness Center is a privilege which may be revoked with or without cause at any time by the executive staff. I understand that I am committed to a membership term listed below, and that membership dues and registration fees must be paid when due, are not refundable and that memberships are not transferable. Greater Buffalo Gymnastics & Fitness Center, LLC reserves the right to change available hours and equipment. I also give permission to use images of me or my family in advertising and publicity.

(Please Initial: \_\_\_\_\_)

2. I understand and I am aware that strength, flexibility, and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using the equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk or death.

(Please Initial: \_\_\_\_\_)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Greater Buffalo Gymnastics & Fitness Center, LLC of use of equipment or machinery except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please Initial: \_\_\_\_\_)

4. I have been introduced to the fitness equipment and machinery available for my use, (or are currently under the direction of personal trainer at the center) and have been given basic instructions for the safe use of this equipment and machinery as part of my orientation. I understood the instructions which were given to me, and in the event that I have a question or problem regarding an activity or the use of this equipment and machinery now, or in the future, I will seek advice and assistance of an available staff member prior to continuing participation in the activity or use of the machines and equipment. Further, if any machine or equipment is not functioning properly, I will advise a staff member immediately, and will cease to use such machine or equipment until such time as I have confirmed with a staff member that the machine or equipment is ready for my use.

(Please Initial: \_\_\_\_\_)

5. I agree that use of all facilities and participation in all activities will be at my sole exclusive risk. In consideration of gaining membership or being allowed to participate in the activities and programs of the Greater Buffalo Gymnastics & Fitness Center, LLC and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Greater Buffalo Gymnastics Center, Inc., Greater Buffalo Gymnastics & Fitness Center, LLC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I also hereby release all of those mentioned and others acting upon their behalf from any responsibility or liability for any injury or damages to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Greater Buffalo Gymnastics & Fitness Center, LLC of the use of any of the machines and equipment at the Greater Buffalo Gymnastics & Fitness Center, LLC. I also acknowledge responsibility for my belongings, and waive any claims for damage, loss or theft of my property arising out of or in connection with the use of the Greater Buffalo Fitness Center.

(Please Initial: \_\_\_\_\_)

The signature below is the person responsible for all payments on this membership account and has read and understands the above terms and conditions, and by signing below, agrees to these terms and conditions.

Member Name: \_\_\_\_\_

Member Signature \_\_\_\_\_

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

Greater Buffalo Fitness Center  
Physical Activity Readiness Questionnaire  
(Personal & Confidential)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Age: \_\_\_\_\_

Male/Female \_\_\_\_\_

YES

NO

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever told you that you have heart disease?  |
| _____ | _____ | 2. Is there a history of heart disease in your family?   |
| _____ | _____ | 3. Have you ever experienced pains in your chest?  |
| _____ | _____ | 4. Do you ever feel faint or have spells of dizziness?   |
| _____ | _____ | 5. Has your doctor ever told you that your cholesterol level was too high or above 200?  |
| _____ | _____ | 6. Has your doctor ever told you that your blood pressure was too high? Are you on medication? _____   |
| _____ | _____ | 7. Is there a history of high blood pressure in your family?   |
| _____ | _____ | 8. Do you smoke? _____ How much? _____   |
| _____ | _____ | 9. Has your doctor ever told you that you have a bone or joint problem? (Such as arthritis that might be aggravated or made worse by exercise) |
| _____ | _____ | 10. Are you a diabetic? _____ Are you on medication? _____   |
| _____ | _____ | 11. Is there any reason, not already mentioned, that may limit your ability to exercise?   |
| _____ |       | YES, I have contacted my physician and he/she has recommended to me that I begin an exercise program.  |
| _____ |       | NO, I have not spoken with my physician but I will do so before I begin exercising.  |
| _____ |       | NO, I have not been given consent to exercise.   |

Please be sure all blanks are filled in. If you do not have any limitations or allergies/illnesses, please write "none" in the blank. Each member must be covered by his/her own medical insurance.

MEDICAL OR PHYSICAL LIMITATIONS: \_\_\_\_\_  
ALLERGIES/ILLNESSES: \_\_\_\_\_  
NAME OF MEDICAL INSURANCE COVERAGE: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please PRINT)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_