



## Agreement and Release of Liability

In consideration of being allowed to participate in the activities, including Yoga, Cycling, Zumba, Belly Dance, Body Fit, and programs of Twist and Turns Body Fitness, LLC and to use the facilities, equipment and/or machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Twist and Turns Body Fitness, Llc and its directors, officers, agents, employees, representatives, successors ad assigns, administrators, executors, and all others from any and all use o facilities, equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the ordinary negligence of the program or any of its agents due to any such ordinary negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of Twist and Turns Body Fitness, LLC or the use of any facilities and /or equipment or machinery at the locations. I acknowledge and understand that this release is given in advance of any injury or damage to me and that it includes injury or damage to me caused by the ordinary negligence of those released hereby but not fro any claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby.

\_\_\_\_\_ IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL

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

\_\_\_\_\_ IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL

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 or use of equipment or machinery except as hereinafter stated. I do hereby knowledge that I have been informed of the need for a physician's approval for my participation and exercise and/or fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use o exercise equipment so that I might have his recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physician examination and have been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

\_\_\_\_\_ IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL

This Agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Date \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_

# Goal Setting Form

1. Please list your long-term health and fitness goals in order of importance.

1. \_\_\_\_\_  
Why is this goal important to you? \_\_\_\_\_
2. \_\_\_\_\_  
Why is this goal important to you? \_\_\_\_\_
3. \_\_\_\_\_  
Why is this goal important to you? \_\_\_\_\_

2. How do you plan to achieve these goals? (Consider frequency [list specific days and times], intensity, duration, mode, etc.)

Goal #1 \_\_\_\_\_

Goal #2 \_\_\_\_\_

Goal #3 \_\_\_\_\_

3. How and when will these goals be measured? \_\_\_\_\_

4. What barriers or obstacles might keep you from reaching these goals?

Barriers

Strategies for overcoming barriers

_____	_____
_____	_____
_____	_____
_____	_____

5. What short-term goals can you set for yourself this week? \_\_\_\_\_

6. How will you reward yourself when your goal is achieved? \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Warm Up

Bike set up \_\_\_\_\_ mins

Elliptical Use \_\_\_\_\_ mins

Treadmill Use \_\_\_\_\_ mins

Bike Set Up

Sit Up \_\_\_\_\_

Sit Forward \_\_\_\_\_

Arm Up \_\_\_\_\_

Arm Forward \_\_\_\_\_

Weight \_\_\_\_\_

Measurement \_\_\_\_\_

Waist \_\_\_\_\_

Hips \_\_\_\_\_

Push Ups \_\_\_\_\_

Sit & Reach \_\_\_\_\_

Plank \_\_\_\_\_

Take Picture \_\_\_\_\_

---

---



## **Agreement and Release of Liability and Photo Release**

In consideration of being allowed to participate in the activities, including Yoga, Cycling, Zumba, Belly Dance, Body Fit, and programs of Twist and Turns Body Fitness, LLC and to use the facilities, equipment and/or machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Twist and Turns Body Fitness, Llc and its directors, officers, agents, employees, representatives, successors ad assigns, administrators, executors, and all others from any and all use o facilities, equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the ordinary negligence of the program or any of its agents due to any such ordinary negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of Twist and Turns Body Fitness, LLC or the use of any facilities and /or equipment or machinery at the locations. I acknowledge and understand that this release is given in advance of any injury or damage to me and that it includes injury or damage to me caused by the ordinary negligence of those released hereby but not fro any claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby.

By attending Twist and Turns Body Fitness classes and events, I hereby grant permission to Twist and Turns Body Fitness to use my photograph on its World Wide Web site or in other printed publications without further consideration, and I acknowledge the association's right to crop or treat the photograph as its discretion. I also acknowledge that Twist and Turns Body Fitness may choose not to use my photo at this time, buy may do so at its own discretion at a later date.

I also understand that once my image is posted on Twist and Turns Body Fitness website, the image can be downloaded by any computer. Therefore, I agree to indemnify and hold harmless from any claims.

My signature below confirms my consent that I understand and agree to the liability and photo release...

Print \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_



**TWIST & TURNS**  
BODY FITNESS

**Name:** \_\_\_\_\_  
Last First MI

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Home Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Primary Emergency Contact Name:** \_\_\_\_\_  
Last First

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Medications** \_\_\_\_\_  
\_\_\_\_\_

***Additional Information/Comments***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank You, from Twist & Turns Body Fitness, LLC**