



Please complete the FRONT & BACK.

You will be EMAILED once we have processed your application.

(Please allow up to 7 days for processing.)

To be completed by Trails Front Desk Staff: Trails Acct: Yes or No Dist or Non-Dist Application Rcvd by: Amilia Account Set up by:				
Please LEGIBLY PRINT the information below & SIGN the back.				
Renew Active#		Date:		
NOTE: We CAN NOT p It begins with a letter followed by Health Insurance Compan				
Last Name	First Na	me	MI	
Street Address				
City		State Zip Cod	e	
Telephone	Gender	Date of Birth		
Email Address (This is used to notify you of you	ur membership status. Pl	lease ensure it is legible	& complete.)	



Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Renew ActiveTM participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Renew ActiveTM Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Renew ActiveTM participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Renew ActiveTM member (including without limitation the owners, officers, directors, employees, & representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Renew ActiveTM participating location, any sponsoring organization, Renew ActiveTM or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Renew ActiveTM member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Renew ActiveTM participating location or individual.

Chest pains while at rest and/or during evertion, previous heart attack or high blood pressure

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

☐ Any heart or circulatory conheart failure, poor circulation☐ Frequent fast, irregular hea☐ Diabetes☐ Previous hip or spinal fract☐ Lung disease or shortness ☐ Open cuts on my feet that ☐ An unexplained weight los☐ More than two falls in the ☐	of breath after mild exertion, at rest, or in bo	hest pain, congestive
Print Member's Name	Member's Signature	Date
Emergency Contact Name	Contact Phone Number	