



FIT ON HEALTH

January 2026

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.

Fit on Health #

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Date: _____

NOTE: We CAN NOT process your application without the Fit on Health #.
It begins with PK followed by 8 letters & numbers(10 total)

Health Insurance Company Name

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Last Name

First Name

MI

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Street Address

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City

State

Zip Code

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Telephone

Gender

Date of Birth

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Email Address

(This is used to notify you of your membership status. Please ensure it is legible & complete.)

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Thank you for visiting Trails Recreation Center!
(www.trailsrecreationcenter.org)

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 Fit on Health™ 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 Fit on Health™ 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 Fit on Health™ 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 Fit on Health™ 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 Fit on Health™ participating location, any sponsoring organization, Fit on Health™ 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 Fit on Health™ 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 Fit on Health™ participating location or individual.

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.

- ☐ Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- ☐ Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, heart disease, blood clots
- ☐ Frequent fast, irregular heartbeats OR very slow heartbeats
- ☐ Diabetes
- ☐ Previous hip or spinal fracture (as an adult)
- ☐ Lung disease or shortness of breath after mild exertion, at rest, or in bed
- ☐ Open cuts on my feet that do not seem to heal
- ☐ An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- ☐ More than two falls in the past year (no matter what the reason)
- ☐ More than one year since I have engaged in regular physical activity

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number