

Dated Applied: \_\_\_\_\_

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



WWW.PINNACLEPERFORMANCEOH.COM

Applicants First Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicants Last Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License or State ID# \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Years at Residence: \_\_\_\_\_

ALL INFORMATION IS KEPT CONFIDENTIAL AND NOT PROVIDED TO ANY PARTY ONLY USED TO CONDUCT BUSINESS FOR PINNACLE PERFORMANCE LLC.

Membership Type?  1 Month **(\$60.00)** -  3 Month **(\$170.00)** –  6 Month **(\$269.00)** -  1 Year **(\$660.00)**

Best Time to Contact You? \_\_\_\_\_

Method of Preferred Payment:  Credit Card –  PayPal –  Apple or Samsung Pay

Check –  Money Order –  Other: \_\_\_\_\_

**\$40.00 Fee Charged on All Returned Payments or Checks**

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Would you like referral to a trainer?  Yes  No **(Trainer Fees and Cost are additional)**

Why are you applying to become a member? \_\_\_\_\_



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### References

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

During the application process we contact references to verify your identity.

### I understand by submitting and signing this application for membership that I agree:

This application may be rejected for any reason without explanation, I have been evaluated by a Certified Doctor in The State of Ohio to be in good health to perform workouts/training or any other activity at your facility. I agree to all membership guidelines in our new and current membership packet. Lastly, I release Pinnacle Performance LLC. and its owners from all and any liability, injury and damages due to any actions that occur while at or away from Pinnacle Performances Gym.

X \_\_\_\_\_  
Applicants Signature Above

Dated: \_\_\_\_\_

Applications Name Printed: \_\_\_\_\_

[ ] Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_

[ ] Date Rejected: \_\_\_\_\_ By: \_\_\_\_\_



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## **FITNESS CENTER WAIVER & RELEASE** **IMPORTANT INFORMATION**

***Pinnacle Performance Ohio LLC. requires that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants must recognize that there is an inherent risk of injury when choosing to participate in fitness center activities.***

***You are solely responsible for determining if you are physically fit and/or adequately skilled for fitness center activities. It is always advisable, especially if the participant is pregnant, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity.***

### **WARNING OF RISK**

***Aerobic and other fitness center activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, and conditioning, there is still a risk of serious injury. All hazard and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist.***

***Depending upon a person's physical condition, age and/or skill level, fitness center activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: (i) heart attack, stroke and circulatory problems, (ii) bone and joint injuries, (iii) back and neck injuries, (iv) shin splints, (v) muscle strain and other muscle injuries, and (vi) foot problems. **MEDICAL EXAMINATION:** All participants are strongly encouraged to have a complete physical examination by a medical doctor prior to beginning any activity. If a participant has a history of heart disease, he/she should consult a physician before participating in any fitness center activity.***

### **AUTHORIZATION**

***In the event of any emergency, I authorize Pinnacle Performance Ohio LLC. to secure from any accredited hospital and/or physician any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for any and all medical services rendered.***

Initials: \_\_\_\_\_



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**WAIVER AND GENERAL RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

I, \_\_\_\_\_ have read this form carefully and be aware that in signing up and participating in any fitness center activity, you will be expressly assuming the risk and legal liability and waiving and generally releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with any fitness center activities.

I recognize, and acknowledge that there are certain risks of physical injury to participants in any fitness center activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. As a material inducement for Pinnacle Performance Ohio LLC. to permit me to use the fitness center, its facilities, and equipment, I hereby waive and hold Pinnacle Performance Ohio LLC. Parties harmless for any and all claims and damages (including legal fees) present or future, foreseen or unforeseen, anticipated or unanticipated (collectively "Claims"), I may have (or accrue to me) against Pinnacle Performance Ohio LLC., including its shareholders, directors, agents, employees, and affiliated companies and partnerships including Pinnacle Performance Ohio LLC and Franklinton Athletics and Strength Training LLC. 640 W Rich St Columbus, OH 43215 and generally release Pinnacle Performance Ohio LLC. and Franklinton Athletics and Strength Training LLC. Parties from any and all Claims, including but not limited to those involving: (i) participating in any supervised or unsupervised fitness center activities, (ii) use of any fitness center equipment, (iii) any loss or theft of personal property, and (iv) accidental injuries, such as "slip and fall" injuries within the fitness center.

I have read and fully understand the above important information, warning of risk, authorization, assumption of risk, and waiver and generally release of all claims.

**PLEASE PRINT Participant's Name**

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

**Participant's Signature** \_\_\_\_\_

