CARRY PERMIT FITNESS MEMBERSHIP FORM



Welcome to the Carry Permit Fitness Family

Owned and Operated by Certified Trainers Meleik and Ahna Carry

(878) 348	-0278	CarryPermitFitn	ess.com	carrypermitfitness@gr	nail.com
Full Name	:				
Full Address	:				
E-Mail	:		Phone	e :	
Date Of Birth	: D D M	M Y Y Emerg	Emergency Contac		
make sure you have eted the following:	Physical Activity Re Questionnaire (PAR			Successfully Setup Account in Mobile App (if applicable)	Carry Permit Fitnes Liability Form
Mobile Gy 1-on-1 Trai Nutrition C	rm Training Ining Coaching	e interested in addi		Group Training Virtual Fitness Training All of the above	
journey aligns with	bt, remember why yo		you want to see and envision how ess but also helps us understand		

CARRY PERMIT FITNESS





I,	, have enrolled in the personal training services					
ffered by Carry Permit Fitness LLC. I acknowledge that my participation is voluntary and inderstand that there are inherent risks associated with physical exercise and training. By hoosing to take part in these services, I agree to the following:						
Compliance with Instructions						
•	provided by my trainer and to use the equipment and facilities in a manner consistent Stand that failure to follow instructions may result in increased risk of injury.					

Assumption of Risk

I voluntarily assume all risks associated with my participation in personal training sessions provided by Carry Permit Fitness LLC. I acknowledge and understand that physical exercise and activity carry risks of injury, including but not limited to strains, sprains, muscle soreness, and other serious conditions. While Carry Permit Fitness LLC takes every necessary and required safety precaution, I understand that some risks cannot be completely eliminated. These risks may come from my own actions, the actions of others in group settings, the condition of the facilities, or other unforeseen circumstances.

Medical Clearance

I confirm that I have disclosed any relevant medical conditions or limitations to my trainer and agree to provide updates on my health status as necessary. If I have a preexisting condition, I confirm that I have consulted with my physician and have received clearance to participate in physical exercise.

Waiver and Release						
agree to waive Carry Permit Fitness LLC, its owners and trainers from any claims, liabilities, or causes of action arisin ut of or related to any loss, damage, or injury that may occur as a result of my participation in personal trainin ervices. This waiver extends to all claims, whether they result from negligence, breach of contract, or any other cause						
Indemnification						
costs, expenses, damages, and liabilities, including o	it Fitness LLC from any and all claims, actions, suits, procedures, attorney's fees, brought as a result of my involvement in personal					
training sessions.						
Emergency Contact						
In case of emergency, please contact: Name:						
Relationship:						
Phone:	_					
	se Form. By signing below, I acknowledge that I am voluntarily giving up certain least 18 years of age and legally competent to sign this agreement, or that I have					
Client Signature:	Date:					
Trainer Signature:	Date:					
Parent/Guardian Signature (if applicable):	Date:					