

# NO LIMITS A.F.C.

Alternative Fitness Concepts  
MEMBERSHIP FORM



Page 1

Date: \_\_\_\_\_ Course: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ Phone (h) \_\_\_\_\_  
\_\_\_\_\_ (c) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Fitness Level

On a scale of 1-10 I would rate the following:

strength \_\_\_\_\_  
flexibility \_\_\_\_\_  
stamina \_\_\_\_\_

Previous or current medical conditions or injuries;

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

## Experience Level

Beginner  Intermediate  Advanced

What would you like to gain from this course?

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

How did you hear about No Limits A.F.C.? \_\_\_\_\_  
(Internet, referral, TV, radio, other)

*Over...*

**WAIVER FORM**

*Please print legibly*

1. I, \_\_\_\_\_ (**name of Participant**), acknowledge that I have voluntarily elected to participate in exercise routines operated by **No Limits A.F.C.** and its owners, employees, representatives and/or affiliates. \_\_\_\_\_ (**Initial**)

2. I am aware that participation in the routines and exercises will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that there are possible risks involved including serious injury and even death. I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines and exercises. \_\_\_\_\_ (**initial**)

3. I am aware that the routines and exercises taught at **NO LIMITS A.F.C.** are based on the techniques utilized in parkour, free running, breaking, acrobatics, martial arts, and various strength and conditioning classes are intended to be performed only while under the strict supervision of a trained professional. I hereby assume all risks and hazards incidental to the practice and participation of said routines and exercises if I choose to perform or practice said routines and/or exercises outside of class, whether or not I am under said supervision, including, but not limited to, any routine or exercise similar to or associated to parkour, free running, breaking, acrobatics, martial arts, or anything taught or advocated by **NO LIMITS A.F.C.** \_\_\_\_\_ (**initial**)

4. **(IF PARTICIPANT IS A MINOR)** I, the parent/legal guardian of the Participant hereby grants permission to the employees and or representatives of **NO LIMITS A.F.C.** authorize and obtain medial care for the Participant from any licensed physician, hospital, or medical clinic should the Participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment. \_\_\_\_\_ (**Initial**)

5. I have carefully read this agreement before executing it and acknowledge that I am signing this agreement voluntarily and with the full intent of releasing **NO LIMITS A.F.C.** from any and all claims arising as a result of my participation in the routines and exercises. \_\_\_\_\_ (**initial**)

\_\_\_\_\_  
**PRINT Name of Participant**

\_\_\_\_\_  
**Signature of Participant** OR if applicable, Parent or Legal Guardian of Participant

**Date:** \_\_\_\_\_ **Alberta Health Care #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**OFFICE USE ONLY**  
**Entered by:**  
\_\_\_\_\_