

SEAL Team Physical Training, Inc.
General Information Form

Phone:(804) 262-1894, Fax:(804) 234-8188, Email:admin@sealteampt.com
Website: www.sealteampt.com

First Name: _____ MI: _____ Last Name: _____

Address: _____

_____ City _____ State _____ Zip Code

Phone #: _____ Home _____ Cell _____ Work _____

Email: _____

DOB: _____ SSN: _____

In case of Emergency please contact: _____

_____ Relationship _____ Phone # _____

Occupation: _____ Employer: _____

Fitness Background: _____

List any Injuries: _____

T-Shirt Size: _____

Select a Class: Richmond, VA: 5:45 AM _____ 9:30 AM _____ ##### _____
Charlottesville, VA: 6:15 AM _____
Washington, DC: 5:45 AM _____

We only accept Visa or Mastercard (No checks or cash please!)

Credit Card #: _____

Expiration Date: _____ / _____

Print Name: _____
As it appears on the Credit Card

Signature: _____

For Office Use Only

Class #: _____	Start Date: _____	Graduation Date: _____
Amount: _____	Discount: _____	Paid Date/Amount: _____

SEAL TEAM Physical Training, Inc. Rules Compliance Agreement

I, _____, agree that as a condition of being allowed to participate in the SEAL TEAM Physical Training Program conducted by SEAL TEAM PT, Inc, I will obey all rules and all instructions and orders given by staff members. I agree that if I fail to comply with rules or instructions or orders given by staff members, either by my intentional acts or my unintentional acts, I will not be allowed to continue with the training or any future training conducted by SEAL TEAM PT, Inc. I also understand Basic Fitness Class fees, including deposits are non-refundable. If for any reason I decide not to participate in the Basic Fitness Class and do not attend any sessions there will be a \$50 non-refundable registration fee.

I understand that compliance with program rules and the instructions and orders of staffers is essential because this program is dangerous. I understand that failure to comply with the rules and instructions and orders of staffers could increase the risk of serious injury or death to myself and other students and thus will not be allowed.

Date

Student Signature

SEAL TEAM PT Inc.

Release And Hold Harmless Agreement

I will participate and be trained at the SEAL TEAM PT in the program known as Basic Fitness Class and/or Membership. The undersigned will do so all the while understanding and acknowledging that the SEAL TEAM PT program is dangerous and possesses a risk to life and limb. With this understanding, for himself or herself, his or her heirs, and next of kin, the undersigned:

1. **HEREBY RELEASES AND DISCHARGES FOR ALL TIME SEAL TEAM PT, Inc.**, their affiliates, subsidiaries, agents, employees, instructors, officers, and directors, from all liability to the undersigned or anyone representing the undersigned for any loss or damages, on account of injury or damage or losses sustained by the undersigned, including his or her death, as a result from participating in the above named course and or instruction, whether caused by the negligence of SEAL TEAM PT, Inc., and whether on or off the course premises, while the undersigned is participating in any course and or training session.

2. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** while participating in the course and or instruction.

3. **HEREBY WAIVES ANY CLAIMS AND DOES COVENANT NOT TO SUE SEAL TEAM PT, INC.**, for any claim which he or she may now have or may acquire against said entities or against any of their agents, representatives, or employees by reason of any injury or damages or loss sustained by him or her, including his or her death, as a result of participating in any course and or instruction whether on or off course premises, regardless of the cause thereof.

4. **HEREBY AGREES THAT THIS RELEASE AND HOLD HARMLESS AGREEMENT** is intended to be as broad and inclusive as permitted by the law of the state in which any of its activities are located, and if any portion of it is determined by a court of law to be invalid, the balance shall continue in full force and effect.

5. **HEREBY UNDERSTANDS** that in some states a general release does not extend to claims which the undersigned does not know or suspect to exist in his favor at the time of signing the release, which if he or she knew or suspected such claims, would of materially have affected his or her willingness to sign the release.

6. **HEREBY WAIVES HIS OR HER RIGHTS** under any code section that limits a general release, and acknowledges that this waiver is an essential term of this release without which he or she would not have signed this agreement.

7. **HEREBY AGREES** that my name can be included on the SEAL TEAM PT e-mail list and that SEAL TEAM PT may communicate notices or other information to me via e-mail. I also consent to SEAL TEAM PT using photographs containing my likeness on the SEAL TEAM PT website or in SEAL TEAM PT's other promotional or advertising materials, without compensation to me.

8. **I HEREBY REPRESENT** that I am in good health and have disclosed all prior existing medical and physical conditions that would affect my ability to participate in the course and or instruction listed above.

THE UNDERSIGNED REPRESENTS THAT HE OR SHE IS IN GOOD HEALTH AND HAS DISCLOSED ALL PRIOR EXISTING MEDICAL AND PHYSICAL CONDITIONS THAT WOULD EFFECT THE UNDERSIGNED'S ABILITY TO PARTICIPATE IN THE COURSE AND OR INSTRUCTION LISTED ABOVE .

THE UNDERSIGNED REPRESENTS THAT HE OR SHE HAS READ, UNDERSTANDS, AND IS VOLUNTARILY SIGNING THIS RELEASE AND HOLD HARMLESS AGREEMENT, and further represents that no verbal statements have been made to the undersigned to induce him or her to sign this agreement.

(Date) (Printed Name) (Signature: Self or Legal Guardian)

(E-mail) (Phone)

Witnessed by _____

How did you hear about SEAL Team PT? _____

Location:

Richmond

Charlottesville

Washington DC