

Registration Form

Name:		
Address:		
Phone #:	Work #:	
Cell #:	Email:	
Emergency Contact		
(name)	Phone #:	
How did you hear abou	ut our studio?:	
liability due to my partici	ereby release Iolite Fitness Studio and its asso pation in personal training and/or fitness cla sions at my own risk and will not hold Iolite F	sses. I am fully aware that I am
hereby authorize the staf their best judgement in a	of my incurring any injury or exacerbating ar if and/or contract employees at lolite Fitness any emergency requiring medical attention. I in any personal training session or fitness cl	Studio to act for me according to I fully intend to use common
own physical limitations a	and prior injuries so as not to sustain further with a physician prior to and regarding my p	damage. I understand that is my
Signature	Date	

All information will be kept confidential