



Registration:

First Name: _____ Last Name: _____ Age: _____

Mailing Address: _____

City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Physician Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

1. Has your doctor ever said you have a heart condition and should only do activity recommended by a doctor? YES NO
2. Do you feel pain in your chest when you perform physical activity? YES NO
3. In the past month, have you had chest pain when you were not doing physical activity? YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you suffer from shortness of breath at mild exertion or have difficulty breathing? YES NO
6. Do you have bone or joint problem that could be made worse by a change in physical activity? YES NO
7. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES NO
8. Do you know of any other reason why you should not do physical activity? YES NO
9. Are you above 40 years of age and not currently physically active? YES NO
10. Are you able to swim and aware of personal water safety rules? YES NO

Please list any injuries or health conditions that you are aware of:

In consideration of the services of PHIT, Fizikly Fit Boutique Training, Kayak Amelia, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PHIT"), I hereby agree to release, indemnify, and discharge PHIT, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Stand Up Paddle Water activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: board capsize; tidal conditions and currents; travel in remote areas; collision with objects or other water craft; prolonged exposure to cold water, hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, lightning; aggressive and/or poisonous marine life; wrist, arm, shoulder, and/or back injuries; slips and falls while walking; and rapidly changing adverse weather and water conditions. Furthermore, PHIT employees have difficult jobs to perform. At all times they strive to educate and inform the client fully. They seek safety, but they are not infallible, They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the



equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PHIT, Fizikly Fit Boutique Training, Kayak Amelia, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of PHIT equipment or facilities, including any such Claims which allege negligent acts or omissions of PHIT.

4. Should PHIT, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against PHIT, I agree to do so solely in the state of Florida, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

Initial_____ PHYSICIAN APPROVAL: I have represented to PHIT that I have either a) been given a physician's permission to participate in the activity, or b) voluntarily participate in the activity and accept all risks related to the activity without the approval of my physician(s). I represent that I am not aware of any medical or physical condition that would prevent me from participating in the activity or from using equipment or facilities which pose a serious health risk to me. I further acknowledge and agree that I am not obligated to participate in any activity that I do not wish to participate in. I will inform PHIT immediately if I do not wish to participate in any specific activity.

Initial_____ NAME AND LIKENESS RELEASE: I understand that PHIT may photograph or video me prior to, during the delivery of activity, or at the completion of activity and I agree to allow PHIT to use photographs and videos of me, as well as, name and likeness for promotional purposes.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read the Assumption of Risk, Waiver of Liability, provisions in this Agreement and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the Agreement freely and voluntarily and intend, by my signature that this document be a complete and unconditional release of liability to the greatest extent of the law. I further certify that I have fully read and understand the terms of this agreement and will comply with the contents herein.

Client Name (Please Print)

Client Signature

Date