

TENNESSEE FITNESS SPA ENROLLMENT INFORMATION

ENROLLMENT FEE

A \$100 deposit is required to hold your reservation and is due within seven days after booking. It is non-refundable; however, it may be used for a future reservation within 12 months of your cancelled reservation. If you do not arrive on your scheduled date without notification, we will forfeit your deposit. The balance of your stay is due 2 weeks prior to your arrival date. Other costs may be paid upon departure if you choose to purchase any services. We accept cash, checks, Visa, MasterCard, Discover and American Express for payment.

Our cancellation policy is as follows: We require at least 2 weeks advance notice of your scheduled arrival date in order for you to receive a refund (less the \$100.00 deposit). There is no refund given for early departures. Reservations cancelled less than 2 weeks prior, or early departures, will receive a credit on our records for use at a future time.

Name _____ Birthdate _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Cell Phone _____ E-mail Address _____

May we notify you of specials/events via e-mail? Please circle: Yes or No

Mode of Travel (Circle One) Driving, Shuttle, Special Pick-Up, Riding with Another Guest, Dropped Off
(Fill in appropriate space below, if applicable.)

Vehicle Make _____ Model _____ Color _____ State _____

EMERGENCY NOTIFICATION

Family Name _____ and Telephone _____

Physician Name _____ and Telephone _____

We strongly suggest that you consult your physician prior to your visit to Tennessee Fitness Spa or any other physical fitness center. No activities at TFS are mandatory; however, we do engage in many walking and exercise activities. Along with these and our nutritional program, you may expect good results in weight loss and/or a decrease in measurements and body fat. The extent of your participation in our exercise program could lead to, although highly unlikely, knee, ankle, and other joint injury, tendon injury, bone fracture, abrasions, cuts, scratches, stroke, low blood sugar, and heart attack. It is for these potential physical problems that we recommend you consult your physician first.

RELEASE OF RISK

I have consulted a physician as suggested above or determined that it is not necessary to do so. I am aware of all activities in which I may engage during my stay. I hereby indemnify and hold harmless Tennessee Fitness Spa from any claim by me for participating in these activities. I have read and understand all of the above information.

Your Signature _____ Date _____

PERMISSION FOR PHOTOGRAPHY

We occasionally take photos that are posted on social media outlets or used for other marketing purposes. Please sign YES below if it is okay to include you in individual and/or group photos, or sign NO if you do not want to be included.

"For valuable consideration received, I grant to Tennessee Fitness Spa ("Photographer") the absolute and irrevocable right and unrestricted permission concerning any photographs that he/she has taken or may take of me, or in which I may be included with others, to use, reuse, publish and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade. I release and discharge Photographer from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also insure to the benefit of the heirs, legal representatives, licensees and assigns of Photographer, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns."

YES Signature _____ Date _____

NO Signature _____ Date _____

We are not a medical facility; this will be kept in case of emergency for EMT.

CIRCLE ONE

Do you have asthma? YES NO
Are you pregnant? YES NO
Do you have high blood pressure / hypertension? YES NO
Do you have respiratory problems? YES NO
Have you had cardiac problems? YES NO

Heart Attack; when? _____

By-pass surgery; when? _____

Do you have seizures or epilepsy? YES NO

Do you have allergies? Indoor: _____

Outdoor: _____

Medical: _____

Please list any medications you are taking:

Any history of bone or muscle-related diseases? YES NO

Last physical examination Date _____ Physician _____ Location _____

Diabetic/Hyperglycemic? YES NO

Controlled by Pill YES NO

Controlled by Pump YES NO

Do you experience tightness or pain in your chest? YES NO

Do you experience chronic coughing? YES NO

Do you experience shortness of breath? YES NO

Do you have varicose veins? YES NO

Do you have a viral or bacterial infection? YES NO

(if yes, please explain) _____

Do you have open wounds? YES NO

(if yes, please explain) _____

*Please be aware, if you have open wounds, we kindly ask you not to participate in aqua activities.

Do you have kidney problems? YES NO

I hereby, for myself and my family, my heirs, executors, and administrators, waive and release any and all rights and claims I might have against Tennessee Fitness Spa or their respective agents, for any or all injuries which may be suffered by me in connection with my participation or use of the facilities or programs at Tennessee Fitness Spa.

Height: _____ ' _____ "

Date: _____

Signature: _____

Printed Name: _____