



**IMPACT Training**  
 126 Stryker Lane – Building 24 – Units 3 & 4  
 Hillsborough, NJ 08844  
 www.impacttraining-jersey.com  
 (908) 428-7978



How did you hear about **IMPACT Training**?:  Friend/Spouse  Newspaper  Facebook  Twitter  Flyer  Internet  Other \_\_\_\_\_

What type of training/services are you registering for?  Group Training  Personal Training  Nutrition  Seminar \_\_\_\_\_  
 Party  Sports Training  Turf Rental  Family Fitness Night  Camp  Other \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: *(Please print clearly)* \_\_\_\_\_

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ Cell Number: \_\_ (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

**ANY MEDICAL CONDITIONS OR RESTRICTIONS?** \_\_\_\_\_

Liability Waiver:

I (or my child – if a minor) am in good health, and I assume any and all risks related to **any training & nutritional programs** at **IMPACT Training**. I agree to hold **IMPACT Training** (its owners and all their employees) harmless from any and all loss, claim, injury, damage, or liability sustained or incurred. It is always recommended that you get medical clearance from a physician before beginning any new exercise routine or diet plan, and I fully understand that I may injure myself as a result of my participation in this training program.

I (your name – or name of child/minor) \_\_\_\_\_, hereby release **IMPACT Training** (its owners and all their employees) from any liability now or in the future – including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries digestive issues and any other illness, soreness or injury however caused, occurring during, or after my participation in **IMPACT Training's** fitness, training or nutritional programs.

Signature: \_\_\_\_\_

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

Signature (or Parent's Signature – if a minor)