

Aerial Fitness Orange County

151 Kalmus, J-7
Costa Mesa, CA 92626
310-279-7378

Welcome to **Aerial Fitness Orange County**, A **Schulein Fit Inc** Subsidiary.

We want to *Thank You* in advance for choosing our Program. Please fill out this form prior to your first workout.

NAME: _____ **DATE:** _____

PHONE: _____ (Cell) _____ (Home)

ADDRESS: _____
(NUMBER & STREET) (CITY) (STATE) (ZIP)

Email Address:

How Did you hear about us? _____

Interests: Silks ____ Hoop ____ Trapeze ____ Rope ____ Contortion ____

Injuries: Yes ____ No ____ (If YES, please explain)

DISCLAIMER:

I understand the various risks associated with an exercise program and it is my desire to participate. I have not withheld any relevant information regarding my physical condition, which may affect me during or following a session. I agree the **Schulein Fit Enterprise** trainer is not responsible for any injuries sustained by me during my exercise sessions. I hereby release **Schulein Fit Enterprise** from any responsibility.

CLIENT SIGNATURE

DATE