



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

Name: \_\_\_\_\_

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

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

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Please list any current medical conditions or concerns you have at this time.

\_\_\_\_\_

Please list your health, fitness or wellness goals at this time.

\_\_\_\_\_

How did you hear about us (please mark one)?

Friend \_\_\_\_\_ Web \_\_\_\_\_ Event (which one?) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Would you like to sign up for our monthly wellness newsletter? Newsletters will include event/promotion information as well as articles written by Edge practitioners on various health and wellness topics. You can opt out of these newsletters at any time.

Yes

No

**GRANT OF RIGHTS:**

I further grant Edge the right to photograph, videotape and/or otherwise record me and further to use my name, face, likeness, voice, appearance, and personal data for any purpose including, but not limited to, exhibitions, publicity, advertising and promotional materials without reservation or limitation. Edge is, however, under no obligation to exercise the rights set forth in this paragraph.

Please continue to the backside of this form to complete the waiver.

**For Office Use Only:**

- 7 - day free trial start date \_\_\_\_\_/end date \_\_\_\_\_
- FMS Scheduled (Date: \_\_\_\_\_ Trainer: \_\_\_\_\_)
- Membership Type \_\_\_\_\_
- Buddy \_\_\_\_\_
- Family membership (Additional Members: \_\_\_\_\_)
- Personal Training (Trainer: \_\_\_\_\_)
- Programs \_\_\_\_\_
- Professional Services (Service Provider(s): \_\_\_\_\_)

E	_____
CC	_____
W	_____
P	_____



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E _____
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P _____