

P.E. IN THE PARK-HOUSTON

IMPORTANT INFORMATION REGARDING YOUR CLASS

- YOU NEED TO ARRIVE NO LATER THAN 5:50 am ON YOUR START DATE
- CLASS SCHEDULE IS AS FOLLOWS: TUES & THURS 6:15-7:15 PM
- ADD 2 morning classes per week 6:00-7:00 am (see sign up details)
- BRING A 32 OZ WATER BOTTLE FILLED WITH WATER
- A UNIFORM T-SHIRT WILL BE ISSUED TO YOU.
- BRING AN EXERCISE MAT TO CLASS or PURCHASE ONE FROM SEAL P.T.

MEETING PLACE: **Memorial Park. Picnic Loop. To the left of the sand volleyball courts.**

Your safety is of utmost importance to us. Do not get out of your vehicle until a group of other new students arrive.

We aren't concerned with what you can't do – only with what you can!

PLEASE NOTE YOU MUST PAY IN FULL ASAP

PLEASE CALL THE OFFICE @ 281-471-4977 FOR PAYMENT

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NEW ENLISTER QUESTIONNAIRE

T-shirt size: _____

Name: _____

Age: D.O.B. _____

Occupation: _____

How did you find us? (list individuals name or newspaper, etc.) _____

Reason for taking the course: _____

What is your current fitness level: (i.e. how many times per week do you workout and what type of workout):

Are you currently taking any medication?

(i.e., Blood Pressure, Heart Medication , Weight Loss, Thyroid, etc.?) _____ Yes _____ No

If yes, what is it and for what reason? _____

Date of last physical examination? _____

Status of exam? _____

What three things do you hope to accomplish throughout the course: (mental or physical)

1). _____

2). _____

3). _____

Would you like to pay monthly with a credit card?

_____ YES, please charge my credit card \$59 per month

Name as it appears on card: _____

Credit Card no: _____

Exp. Date: _____

Billing Address: _____

Additional Comments: _____

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The Original SEAL P.T. Course Inc. RELEASE OF CLAIMS

I, _____, the undersigned,

who lives at: _____ County of _____

City of _____, State, Zip _____, on behalf of myself, my heirs, administrators, and assigns, in consideration of the physical fitness training regimen being given to me hereby fully release and forever discharge The Original SEAL P.T. Course, Inc. (hereinafter referred to as The Course), releasee, of Harris County, State of Texas, and releasee's agents, successors, heirs, executors, administrators, assigns and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of personal injuries obtained as a result, directly or indirectly, from my taking the physical fitness exercise regimen known as The Course. This release covers all damages whether or not contemplated at the present time and includes results undeveloped and unknown at the present time as well as those now known.

I represent to The Original SEAL P.T. Course, Inc. that I am in good physical condition and good health, have recently been seen by my physician, and am taking The Course knowingly at my own risk.

I have been informed that the instructors for The Course are not physicians and though several of them may have had some military emergency medical training, that they are not trained as EMT's.

I agree that no representations have been made regarding the success of The Course to me except those expressly stated in the Release of Liability.

I have read all of the terms of this instrument and understand that I am signing a complete release and bar to any claim resulting from any injuries suffered as a result of taking The Course.

Executed at _____, county of _____,

state of _____, on _____, 200 _____.

Print Name _____

Signature _____

E-mail address _____

Home Phone:(_____) _____

Work Phone: (_____) _____