



Guest Registration

Athlete Name: _____ Age: _____

If U18 Parents Name: _____

Address: _____ State: _____

City: _____

Zip Code: _____

Home Phone: _____

Email: _____

Reason for Visit:

How did you hear of Impact? _____

YES! I would like membership information and the IMPACT info package filled with our schedule and **2 FREE reports** on training

Interested in: Weight loss
 (check one): Body Transformation
 Sports Training
 Other: _____

Waiver Release Statement

I understand that the activities I may undertake at Impact Functional and Sports Training involve inherent risk of injury, and I expressly assume such risk and all related risk. I further agree to hold harmless Impact Functional and Sports Training, LLC, its officers, owners, principals, agents, representatives, affiliates and employees from and against any and all debts, demands, actions, causes of action, suits, judgments, accounts, covenants, claims, demands and liabilities whatsoever of every name and nature both in law and in equity, of which I may have against Impact Functional and Sports Training, LLC under any theory, included but not limited to claims arising out of such risk. I have read the foregoing and understand its conditions.

Date: _____ Signature: _____

Impact Info Only

Date: _____

Put into MBO

Put Into Infusion

Put on STSheet

Create an opportunity on Infusion

Tag As:

Additional Notes:

Follow Up Notes Date : _____

Update Infusionsoft
 Update STS

Follow Up Notes Date : _____

Update Infusionsoft
 Update STS

Follow Up Notes Date: _____

Update Infusionsoft
 Update STS