



CoachJay.com
Winter Windtraining Class

Sponsored by:



MyCoachChris.com

ATLANTA CYCLING

ATLANTA'S PREMIER CYCLING HEADQUARTERS

Metabolic Fitness
Cardio-Metabolic Testing

Beginning Date: Monday, January 20, 2003
Ending Date: Thursday, March 20, 2003
Sessions Days: Monday and Thursday evenings. 7:15pm until 8:30pm

Session Location: Atlanta Cycling
Sandy Springs Location
220 Johnson Ferry Road NE
Just west of Roswell Road
404.252.2453

Session Fees:

- **\$225.00 for all 18 classes during the nine-week session. Buy the series and receive a \$10.00 Gift Certificate from Atlanta Cycling.**
- **\$120 for any 8 classes when paid in advance. Payment must be submitted in full OR,**
- **\$20.00 per class on a walk-in basis.**

You will need a bike and a windtrainer. These items are not supplied.

Waiver- a signature and date are required
Please read carefully before signing.

By participating in physical training and racing activities, I acknowledge and accept and assume the risk inherent therein. I certify that I am physically fit and have not been advised against participation by a qualified professional. I WAIVE, RELEASE, AND DISCHARGE Jay Marschall d.b.a. Coach Jay Inc., Christopher Andrus d.b.a. My Coach Chris, LLC as well as Atlanta Cycling and NRG Fitness Studio from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bill, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in the training programs discussed above or racing activities directed by Jay Marschall d.b.a. Coach Jay Marschall or Christopher Andrus d.b.a. Coach Chris Andrus. THIS RELEASE INCLUDES CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED OR CLAIMS TO BE THE RESULT OF THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY. I assume the risks of running, biking, swimming, and resistance training, or the participation in any racing or training event. I also assume any and all other risks associated with the training program or racing activities, including but not limited to falls, or effect of any other participants, effects or weather, including heat and /or humidity, defective equipment, the condition of roadways, water hazards, contact with other participants, and any hazard that may be posed by vehicular traffic or pedestrians, all such risk being known and appreciated by me. I further acknowledge that these risks that may be the result of the negligence of the persons released herein. I agree to indemnify and hold harmless the persons released herein from any and all claims made or liabilities assessed against them as a result of my actions or inaction's, the actions of negligence of others, including those parties hereby indemnified or any other harm caused by an occurrence related to Coach Jay Marschall or Coach Chris Andrus' training programs and activities.

It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I affirm that I am eighteen (18) years of age or older. I have read, understand and agree to the terms of the above waiver.

Athlete Signature

Athlete's Signature of Parent or Guardian (if under 18)

MAKE CHECKS PAYABLE TO:
My Coach Chris, LLC

MAIL APPLICATION AND PAYMENT TO:
Chris Andrus
1627 Withmere Way
Dunwoody, GA., 30338

OR, drop off the payment and completed application to NRG Fitness Studio at 4969 Roswell Road (770-329-9597) or any Atlanta Cycling location.

ATHLETE INFORMATION

Athlete Name: _____

Athlete Address: _____

Athlete Phone Number: _____ (H) _____ (W)

Athlete E-Mail Address: _____

Emergency Contact Information: **(MANDATORY!)**

Name: _____

Address: _____

Phone: _____ (H) _____ (W)

Health History Form

Name _____ Signature: _____

Your Health History Explain any "yes" in space provided or on separate page.

- Y N 1. Have you or anyone in your family had coronary artery disease?

- Y N 2. Do you ever have chest, shoulder, neck, or arm pains after exercise?

- Y N 3. Have you ever fainted, felt dizzy, or unusually winded after exercise?

- Y N 4. Has a doctor said that your blood pressure is too high or uncontrolled?

- Y N 5. Has a doctor ever said you have heart trouble, a heart murmur, or that you have had a heart attack?

- Y N 6. Are you diabetic, have a thyroid condition, or any chronic condition?

- Y N 7. Are you using any medications?
List _____
- Y N 8. Is your cholesterol level high? What's your cholesterol count? _____
- Y N 9. Have you ever had a complete physical exam including stress test on a treadmill or ergometer? When? _____ (Include copy of results.)
- Y N 10. Do you have any condition that a doctor says may limit your exercise?

- Y N 11. Have you ever smoked? When did you quit?

- Y N 12. Have you ever had a joint or back disorder or any current injury?

- Y N 13. Have you had surgery in last 12 months?

- Y N 14. Are you now, or have you been pregnant in last three months?
