

# **GUEST REGISTRATION FORM**

Name:

Date of Birth:		
Address:		
City:	State:	Zip:
Phone #:		
Email Address:		
Guest Signature:		
Your signature indicates that you have	read and agree to t	he terms on the back of
For Center Use:		
List Verified Identification:		
Employee:		
Date:		



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Doto			

You understand and agree that any information provided by you may be used by The Center to market the Center to you. Your information will not be provided to any outside entity.

### **JOE OF INFORMATION PROVIDED BY YOU:**

and that the dependent will be bound by all of its terms.

that he or she is also signing this Waiver and Release of Liability on behalf of the dependent dependent Member, the parent or legal guardian executing this Agreement acknowledges arising from or related to use or participation in the Center Facilities. In the case of a dependent(s) or guests may have to bring legal action against the Center for negligence or Release of Liability and fully understand its terms. You are waiving any right that you, any which you have access. You acknowledge that you have carefully read this Waiver and premises, facilities, equipment, services, programs, activities and events of the Center to misconduct of the releasees. This waiver shall apply to your use of and participation in the the releasees, except as to such claims which may aree from the gross negligence or willful guest's use of or participation in the Center Facilities, whether caused by the negligence of persons or property, present and future, arising from or related to your or any dependent's or injuries (including death), damages, losses, liabilities, actions, suits, or causes of action to discharge and hold the releasees absolutely harmless from any and all claims, demands, officers, independent contractors and agents (collectively, the "releasees"), and (b) release, dependent or guest may have hereafter against the Center and its owners, employees, representatives, successors and assigns, hereby (a) waive any claims or rights that you, any By your execution hereof, you, on behalf of yourself, your dependent(s), guests, legal

#### WAIVER AND RELEASE OF LIABILITY:

agents, or independent contractors.

damage or loss, including the active or passive negligence of the Center, its employees, personal property kept in lockers), that might result, no matter what causes such injury, bodily injury, death, property damage, and theft or loss of personal property (including undertaken by you, at your sole risk. You expressly agree to assume full responsibility for all Center Facilities, including participation in Center sponsored outside activities and events are by other persons and those, for example, of a slip and fall nature. You agree that use of the property while using the Center Facilities. Accidental injuries include those caused by you or or sponsored by the Center or while traveling to or from the Center; and (f) theft or loss of massage suites, parking lots, etc.) or while participating in activities or events associated with (including lobbies, hallways, exercise areas, locker rooms, pool areas, dressing rooms, and ligaments among others; (e) accidents that may occur anywhere in or around the Center attack, stroke, death, heat stress, sprains, strains, broken bones, and torn muscles, tendons staff; (d) medical disorders that may occur from use of the Center Pacilities such as heart personal training, instruction, supervision or dietary recommendations by the Center or its on or off the Center premises, including any Center sponsored activities and events; (c) any participation by you in any supervised and unsupervised activities, programs, classes, events equipment and machines, locker rooms, and other wet areas and other Center Facilities; (b) but is not limited to, injuries arising from or relating to (a) the use by you of exercise and property, and death. You understand that risk of injury to persons and property includes, Center Pacilities includes an inherent risk of minor or major life threatening injury to persons You represent that you understand that engaging in physical exercise and the use of the

## ASSUMPTION OF RISK:

contemplated activities at the Center.

You are voluntarily engaging in physical exercise, are in good physical condition, and have no disabilities, diseases, illnesses or other conditions that could prevent you from exercising and using the Center Facilities without injuring yourself or impairing your health; (b) you have consulted a licensed physician concerning an exercise program that will not expose you to risk of injury or impairment to your health; and (c) your physician has approved your

## PHYSICAL ACTIVITY READINESS:

TERMS:

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### USE OF INFORMATION PROVIDED BY YOU:

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