



Date \_\_\_\_\_

Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Single membership \_\_\_\_\_

Employee +1 \_\_\_\_\_

Employee +2 \_\_\_\_\_

By signing below you recognize and accept full responsibility for the use of all apparatus, facility privilege or any services whatsoever owned and operated by the club, and shall hold this club and its employees harmless from any and all loss, claim, injury, damage, or liability sustained or occurred by you resulting there from. I certify that I am in good health or that I have been cleared by my doctor to pursue the exercise program entered or requested.

Signature \_\_\_\_\_