

Guest Registration

Last Name _____ First Name _____ Date of Birth _____ Age _____ M ___ F ___

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____ Email _____

Company Name _____ Address _____

Is the Membership for yourself? Yes No If no for who? _____

How did you hear about us? Drive by Flyer Search Engine Corporate Social Media
 Newspaper Other _____ Member Referral (name of Member) _____

Do you presently belong to a Fitness Club? Yes No If yes, which Club _____

What areas are you interested in? Group Exercise Team Kids Center Aquatics Salon/Spa
 Personal Training Small Group Training Train Like the Pros Field House Sports

Are you currently in an exercise program? Yes No If yes, explain _____

Do you have any concerns or issues regarding physical activity that you would like address? _____

Waiver

I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not known to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in activities at Team85 Fitness & Wellness.

I have been advised by the Team85 Fitness & Wellness to consult my physician before undertaking the course of exercise for which I have enrolled, and I have disclosed my complete medical history and revealed any physical disorders or injuries that I may have now or have had in the past.

Signature of Guest Date: _____

Signature of Parent/Guardian if Guest or Participant is under eighteen (18) Date: _____