

McLeod

Health & Fitness Center

GUEST REGISTER, RELEASE AND VISIT LOG

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Guest Of _____
How did you hear about us? _____ Birth Date _____ Age _____
Drivers License # _____ Time _____

Paid Visits

Local residents = 3 paid visits / Out of Town = unlimited paid visits

1. _____ Name Date	6. _____ Name Date
2. _____ Name Date	7. _____ Name Date
3. _____ Name Date	8. _____ Name Date
4. _____ Name Date	9. _____ Name Date
5. _____ Name Date	10. _____ Name Date

Guest Pass

1. _____ Name Date	6. _____ Name Date
2. _____ Name Date	7. _____ Name Date
3. _____ Name Date	8. _____ Name Date
4. _____ Name Date	9. _____ Name Date
5. _____ Name Date	10. _____ Name Date

Waiver and Release of Liability

1. In consideration of my obtaining membership and being allowed to use the facilities and equipment of McLeod Health and Fitness Center (MHFC). I waive any right I may have in the future to make a claim against MHFC, its managers, employees, instructors, or agents, resulting from ordinary negligence on the part of MHFC and those listed. This waiver extends to any type of personal injury I might sustain in my use of the facilities of MHFC and any theft of personal property of mine lost on the premises. This Agreement shall operate as a release of any liability of MHFC and those listed for any claim that may develop arising out of ordinary negligence in the operation of MHFC.
2. I understand that strength, flexibility and aerobic exercise, including the use of equipment involves risk of injury. I am voluntarily participating in these activities and using the equipment with knowledge of the dangers involved. I assume the risk of injury that might happen to me by using the facilities and participating in the programs of MHFC.
3. I represent to MJFC that I am physically fit to participate in the activities and programs of the Center and that I will not extend myself beyond my abilities, or if I do so, it will be at my own risk.
4. I have been informed that I should consult with a physician concerning my participating in any exercise program and obtain from a physician's advice as to how I should periodically update my state of physical condition with physician. I either have obtained such advice from a physician or acknowledge that I have decided to participate in exercise programs without obtaining the advice of a physician.
5. I understand that the Wavier and Release of Liability above stated is broad terms. If portion of this Waiver and Release of Liability is held invalid, the remainder will continue in effect.
6. I have read this Waiver and Release of Liability and understand the rights I am giving up by signing it.

Date: _____

Name of Participant (Please Print)

Signature of Participant or Parent