

Drop-In Fitness Registration & Liability Form

Registration Form

Name: _____

Address: _____
(Number) (Street) (City) (Zip)

Phone Number: _____

In Case of Emergency Notify:

Name: _____ Phone Number: _____

Waiver

The Drop In fitness Program consists of cardiovascular and weight equipment such as treadmills, step & stair climbers, a rowing machine, stationary bikes, an elliptical machine and a weight machine.

The hours are currently 8:00 am - 8:30 pm, Monday - Friday, but may be changed at any time. There are no fitness attendants available during open hours. It is suggested that participants use the facility with a workout partner.

In order to receive a membership, I will take the initial Orientation Session. I will then update my membership information annually, register for a refresher orientation, and pay the membership dues.

In consideration of my participation in the Drop-In Fitness Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Drop-In Fitness Program.

I further understand that serious accidents can occasionally occur while using the fitness equipment stated above. Knowing the risks of the Program, I hereby agree to assume those risks and to release, indemnify and hold harmless all the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature: _____ Date: _____

Office Use:

Amount Paid: _____ Check # _____ Starting Date: _____ Card Issued _____



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