



GUEST WAIVER

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: M or F (*please circle one*)

Email Address: _____

Department: _____ Work Phone: _____

Home Address: _____

Referred By: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Fee: \$10.00/visit

(Cash, Visa, MasterCard, Discover, and Checks made payable to the NFA are acceptable)

Rules and Regulations

Hours of Operation: Only the staff is allowed in the facility before or after operating hours.

Health and Safety: Members must immediately notify the staff if they experience any abnormal physical sensations before, during, or after exercise. Any changes provided to the Pre-Participation Screening Questionnaire must be reported to the staff.

Attire: Appropriate athletic clothing and footwear should be worn at all times.

Locker/Shower Facility: Lockers are available for use during each visit. Members are responsible for providing a lock to secure their belongings. The staff is not responsible for lost, stolen, or damaged items stored in the locker rooms. Unless you have rented a locker no belongings should be left in the lockers overnight. Items left overnight will be removed by the staff, and held in the Lost and Found for 30 days after which they will be discarded. Lockers are non-transferrable.

Code of Conduct: Grounds for Revoking or Suspending Membership: A violation of any rule or regulation is grounds for either suspension or revocation of membership. Unruly behavior towards staff or fellow members is unacceptable and will not be tolerated under any circumstances.

Signature: _____ Date: _____



WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, and all participating family members) agree that if you engage in any physical exercise or activity or use any center amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction, and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability, without limitation, all injuries which may occur as a result of; **(a)** your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training, or instruction, **(b)** the sudden and unforeseen malfunctioning of any equipment, **(c)** our instruction, training, supervision, or dietary recommendations, and **(d)** your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a release of liability. You expressly agree to release and discharge the health club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the center for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Center, its agents, and its employees.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release shall remain in full force and effect and the offending provision of provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signature: _____ **Date:** _____

Staff Witness: _____ **Date:** _____