NEW MEMBER
AGREEMENT AND LIABILITY RELEASE

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Emergency contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

MINDBODY Key Card: 162539650 __ __ __ __ **FOB $10 ID:** _____

Payment Type: ☐ Recurring Credit/Debit Card ☐ACH ☐Cash (Fob, day pass, or punch card only)

Membership Type:	**Insurance Benefit Membership:**
☐ All Inclusive $75/month	☐ Type: _____
☐ Cardio/Strength & Gym & Classes $45/month	☐ ID: _____
☐ Unlimited Pool $35/month	
☐ 5 or 10 Visit Punch Card $30/$60	**Other:**
☐ Extended Hours $7.00 (Add-on)	☐ RVL Tenant

Club G.A. Wellness Center & Exercise Program Waiver and Release of Liability

1. Acknowledgment of Risks: I understand that participation in the wellness and exercise program at Club G.A. (the "Facility") involves inherent risks, including but not limited to injury, muscle strain, cardiovascular complications, stroke, or death. I voluntarily assume all risks associated with participation.

2. Health and Medical Clearance: I confirm I am in good physical condition and have no medical conditions that would make my participation unsafe. If needed, I will seek medical clearance prior to participation. If I experience any medical issues, I will cease activity and seek medical attention.

3. Release of Liability: I release Club G.A., Guardian Angels, its employees, agents, and affiliates from any liability for injury, illness, death, or property damage arising from my participation in activities at the Facility, whether caused by negligence or otherwise.

4. Indemnification: I agree to indemnify and hold harmless Club G.A. and Guardian Angels from any claims, damages, or expenses arising from my participation, including those caused by my own or others' negligence.

5. Compliance with Rules: I agree to follow the Facility's rules and safety guidelines.

6. Legal Competency: I confirm I am at least 18 years old and competent to sign this waiver.

_____ _____

Participant Printed Name | Signature of Participant | Date

_____ _____

Wellness Center Staff Printed Name | Signature of Wellness Center Staff | Date