

## NEW MEMBER AGREEMENT AND LIABILITY RELEASE

Name:	Date of Birth: Email:	
Phone:		
Address:		
City:	State: Zip:	
	Relationship:	
Phone:	Alternate Phone:	
<b>MINDBODY Key Card</b> : 1625396500	FOB \$10 ID:	
Payment Type: ☐ Recurring Credit/Debit	t Card $\square$ ACH $\square$ Cash (Fob, day pass, or punch	card only)
Membership Type:	Insurance Benefit Membe	rship:
☐ GA Single \$30/month	Туре:	
☐ Community Single \$40/month	ID:	
☐ Extended Hours \$7/month (add-on)		
"Facility") involves inherent risks, including but n stroke, or death. I voluntarily assume all risks as  2. Health and Medical Clearance: I confirm I am i make my participation unsafe. If needed, I will se medical issues, I will cease activity and seek med  3. Release of Liability: I release Club G.A., Guard injury, illness, death, or property damage arising negligence or otherwise.  4. Indemnification: I agree to indemnify and hold	in good physical condition and have no medical conceek medical clearance prior to participation. If I expedical attention.  Iian Angels, its employees, agents, and affiliates from my participation in activities at the Facility, we harmless Club G.A. and Guardian Angels from anying those caused by my own or others' negligence.  acility's rules and safety guidelines.	ditions that would perience any any liability for whether caused by
Participant Printed Name	Signature of Participant Date	
Wellness Center Staff Printed Name	Signature of Wellness Center Staff Date	