

Guest Register for Fitness Lifestyles

Guest of _____

PAID _____

Name _____

Home Phone _____ DOB _____

Address _____ City/State _____

1. As a Guest it is my desire to use the facilities of Fitness Lifestyles. I understand that Fitness Lifestyles is not responsible for damage to, loss of or the theft of my personal property while I am at Fitness Lifestyles during my visit.
2. I hereby waive any rights that I may now have or which may accrue against Fitness Lifestyles, its owners, agents and their successors as a result of my use of the Fitness Lifestyles facilities. I excuse this waiver on behalf of myself, my executors, heirs, administrators, and assign. I certify that I have read Paragraph 1 and that I have no present physical infirmities that prevent me from exercising safely.

Signature _____ Date _____

Emergency Contact (Name & Phone #): _____