

GUEST MEMBERSHIP WAIVER

SINGLE DAY VISIT: \$5.00

[Can be paid in Cash, Check or Venmo]: @Laurenspringfield



venmo

[Please drop cash / check in payment box with signed waiver]

Guest Name:	Member [Sponsor] Name:		
Address:	City:	State:	Zip:
Email(s):	Best Co	ntact Phone: [_]
PLEASE SIGN OFF BEFORE ENTERING A	NY ACTIVITY:		
undersigned agrees to assume all risks of guests or invitees, and waives any and all and assigns for any such personal injury.	use of the equipment and services involves a personal injury to the undersigned, his or he claims that the undersigned may have agair The Gym shall not be liable for any injury fro o acknowledges receiving and reading The G	er spouse, children othe nst The Gym or any of it m tanning or any of ex	er family members ts agents or successors ercise machines and/or
X		/ Date:	
x		/Date:	