

GYM AT WATERS EDGE

Membership Application

FAMILY NAME _____ ADDRESS _____ Apt. _____

PHONE _____

FIRST NAME	AGE	MEMBERSHIP TYPE	FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE MAKE CHECKS PAYABLE TO AMVERSEV ASSOCIATION, INC.

APPLICANT DOES HEREBY RELEASE AND AGREE TO IDENTIFY AND HOLD HARMLESS THE MANAGING AGENT, THE OWNER OF THE SPA AND THE FITNESS CENTER FROM AND AGAINST ANY AND ALL CLAIMS INCLUDING, WITHOUT LIMITATION. CLAIMS BASED UPON THE MANAGING AGENT'S, OWNERS AND THE RECREATION MANAGEMENT COMPANIES NEGLIGENCE FOR DAMAGES OR LOSS SUSTAINED BY APPLICANT OR GUEST OF APPLICANT.

PROOF OF RESIDENCY WILL BE REQUIRED AT THE TIME OF REGISTRATION. (i.e. driver's license, proprietary lease, telephone bill, etc.)

of Passes _____

ID _____

APPLICANT'S SIGNATURE

DATE