

GYM AT WATERS EDGE

Membership Application

FAMILY NAME _____

ADDRESS _____ Apt. _____

E-MAIL _____

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