

ANETH CHAPTER

Fitness Center Contract

MEMBER INFORMATION *(Please print legibly and in its entirety):*

Name: _____
Address: _____
Contact #: _____
Email: _____

MEMBERSHIP RULES AND REGULATIONS:

1. Members may use the Fitness Center during operating hours; however, access to the center is subject to change for arranged usage after regular hours and weekends.
2. Members are not allowed to bring guests who have not paid appropriate fees or children under the age of 16.
3. Members must abide by Fitness Center rules and regulations.
4. Membership fees are non-refundable or transferable.

LIABILITY WAIVER:

On this ____ day of _____, 20__, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Aneth Chapter, and any of its employees or agents representing or related to the Aneth Chapter. This release is for any and all liability for personal injuries and property losses or damage occasioned by, or in connection with any activity or accommodations for this Fitness Center. The undersigned further agrees to abide by all the rules and regulations promulgated by Aneth Chapter.

As a part of the consideration for Aneth Chapter's granting me the privilege of participating in the Fitness Center I hereby covenant and agree to release, discharge, hold harmless, and indemnify Aneth Chapter, its officers, affiliates, and employees from and against any and all liability for any claims, damages, injuries, thefts, actions or causes of action whatsoever for any acts and/or omissions, whether or not constituting negligence on Aneth Chapter's part, except for willful or wanton negligence or intentional misconduct. I understand that any physical activity surrounding the use of the equipment of the Fitness Center, entails certain inherent risks of bodily injury and/or death, and hereby acknowledge that I fully understand my personal responsibility for knowing my own physical condition and ability to participate in such activities. I further acknowledge and understand that I am personally responsible for and voluntarily assume the risks of injury, death or damage to person or property from such activities. I further acknowledge by my signature below that I have been advised to consult with my personal physician prior to beginning, or engaging in, any physical activity or exercise program.

By signing below, I acknowledge that I have read, understand and agree to all membership rules, regulations and release of liability:

Signature

Date

FOR OFFICE USE ONLY

1 Month (\$8.40) 3 Months (\$22.05) 1 Day (\$3.15) (Guest Pass)

Membership No. _____
Issue Date: _____
Expiration Date: _____

Issued By: _____
Receipt No. _____