G3 Tri Club



Guest Waiver

12/2/16

Name **(please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USE OF FACILITIES: It is expressly agreed that all exercise and treatments and use of all facilities shall be undertaken at guest’s own risk, and the guest represents that he/she is physically able to undertake any and all physical exercise and treatments provided. Gainesville Health & Fitness Center, Inc. shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to guest or property arising out of, or connected with, the use of any of the services and/or facilities. Guest does hereby expressly forever release and discharge the Gainesville Health & Fitness Center, Inc. and/or any of their affiliated companies from such claims, demands, injuries, damages, action, or causes of action, and from all acts of active or passive negligence on the part of such companies, corporations, clubs, their servants, agents, or employees. In the case of any accident, guest agrees and concedes that he/she will be examined at his/her own expense, by a licensed physician who shall report in writing to both parties.

It is further understood and agreed that Gainesville Health & Fitness Center, Inc., its directors, officers, agents and employees are not responsible for lost or stolen articles of clothing or other personal property.

I accept all terms and conditions of this offer.

12/2/16

Guest Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12/2/16

Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if under age 18)

12/2/16

Karyn Austin

GHF Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_