



GUEST INFO FORM

This waiver will remain on file for the year 2019.

PLEASE PRINT

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE #: _____ BIRTHDATE: _____

PLEASE SIGN BELOW:

I accept full responsibility for my use of any and all apparatus, appliances, facility, privileges or service whatsoever owned and operated by **Choice Health & Fitness, its directors, officers, employer's representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom. I acknowledge this waiver is valid for 12 months, after which a new waiver must be re-signed.**

Signature: _____

Member Guest: YES NO If yes, member must complete info.

Member Name: _____

Membership #: _____

PLEASE SIGN BELOW:

I accept full responsibility for this guest and his or her actions while in this facility and on the property. Should the actions of this guest be deemed inappropriate or fail to adhere to Choice H&F policies, I acknowledge this may result in suspension or revocation of my membership.

Signature: _____

Spouses and/or Youth Guests:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

IDENTIFICATION: REQUIRED FOR ALL GUESTS AGES 15 AND OLDER (COMPLETED BY EMPLOYEE)

TYPE: *DO NOT COPY MILITARY* _____ NUMBER: _____

Employee Initials: Rec'd by _____ Entered by _____

Date: _____

PURCHASED: 1-DAY 3-DAY 7-DAY FREE PASS: 1-DAY 3-DAY 7-DAY