



M/R \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Over 18? Y / N

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

May we ask how you learned about us?     Drive By / Sign     Previous Guest     Internet     Newspaper  
 Ad In Publication     Flyer In The Mail     Former Member     Current Member  
 Employer / Co-Worker    Current / Former Member Name \_\_\_\_\_

Are you interested in club membership?     Yes     Maybe     No

**Acknowledgment of Responsibility and Indemnity Agreement.**

- I understand that any exercise program I undertake may create physical stress resulting in harmful effects. I agree that it is solely my responsibility to consult with a physician prior to commencing any exercise program to remain under medical supervision if that is indicated, to seek medical assistance in the event of any injury, and to inform In The Zone Health and Fitness Center, LLC ("In The Zone") of any adverse change in my medical condition.
- I recognize that the use of the exercise equipment and other facilities provided by In The Zone Health and Fitness Center carries some risk of accidental injury to myself and to others and I agree that I will use such equipment and facilities with due care at my own risk. I further agree to assume any and all responsibility and liability for any and all injuries caused to myself or to others as a result of my actions while using the equipment in the club.
- I accept full responsibility for any and all claims for loss, injury, or damage of whatsoever kind by me or made against me or In The Zone Health and Fitness Center on account of losses, injuries, or damage caused to me or to others by me.
- I accept full responsibility for any and all claims for loss, injury, or damage of whatsoever kind by me or made against me or In The Zone Health and Fitness Center on account of losses, injuries, or damage caused to me or to others by me.

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

Guardian Signature if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_