

# Guest Waiver

How Did You Hear About Us? \_\_\_\_\_

Guest Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I agree that by use of the equipment, facilities, or services of the Health and Wellness Center, I expressly assume all risks and responsibilities for any and all injuries, damages, or losses including, but not limited to, loss of personal property by theft, or otherwise which I may incur on or about the Health and Wellness Center premises and do hereby fully and forever release and discharge the Health and Wellness Center, its owners, employees and agents and their respective successors and assign, from any and all claims and damages, rights of action, present, or future, whether the same be known or unknown, anticipated or unanticipated injuries or losses resulting from or arising out of **my use or intended use of the facilities, equipment, or services of the Health and Wellness Center.**

I understand that an individual with silent coronary disease is at an increased risk of cardiac complications during exercise (i.e. sudden death) and should start with a program in a controlled setting. I further understand that Health and Wellness Center recommends every individual consult a physician prior to beginning exercise activity or programs.

Finally, I certify by my signature that I am in good health, suitable for physical activity and have my physician's approval to engage in exercise programming including cardio respiratory activity.

**The undersigned agrees to abide by all rules and policies of the Health and Wellness Center** which are subject to change and which, in the opinion of the Center management, are deemed necessary and reasonable for the best interest of its members. Guests can use the club a maximum of 3 times per year.

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

Parent Signature (If Guest is Under 18 Years of Age) \_\_\_\_\_

Date \_\_\_\_\_ Time of Visit \_\_\_\_\_

**Please also fill out the Discovery Form on the back.**

Staff Initials \_\_\_\_\_

# Discovery Form

What brought you in today?

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Former member, what did we do so well when you were a member that made you want to come back?

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Is the Health and Wellness Center close to your work or home?

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Is this membership for you or your family?

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Is childcare something you will be using?

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What is your level of activity, or how do you like to move?

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What are your goals?

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What potential barriers would impact you attending the Health and WellnessCenter or meeting your goals?

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When was the last time you looked and felt your best?

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