

## **Guest Registration**

Name:			
Address:			
City:	State:	Zip Code:	
Phone:			
Email:			
Referred by:			

## Waiver Release Statement

I agree to assume all liability for myself without regard to fault while at Fit in Boonsboro. I further agree to hold harmless the fitness center or any of its employees for any conditions or injuries that may result to me while at Fit in Boonsboro. I have read the foregoing and understand its conditions. \_\_\_\_\_ (initial)

I hereby give the club consent to record, videotape and photograph my image and/or voice to be used in social media and/or advertising of the club. I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

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

3.26.2019