



Today's date ____ / ____ / ____

Guest Information

Name: _____ Age: _____ DOB: ____ / ____ / ____

Phone: _____

Email: _____

How did you hear about us?

- Social Media
- Marketing email
- Door hanger
- Drove by
- Current member. Referring member's name: _____

Reason for Visit:

Release of Liability

By signing below, I agree to the following: Ellis Athletic Cener urges all guests and members to obtain a physical examination from a doctor before using any exercise equipment or before participating in any exercise class. All exercises, training and or instruction, including the use of weights and use of an and all machinery, equipment and apparatus designed for exercise, shall be the quest or member's sole risk. Guests and members understand that the agreement to use, or the selection of exercise programs, methods, and types of equipment shall be guest or members entire responsibility. Ellis Athletic Center shall not be liable to guests or members for any claims, demands, injuries, damages or actions arising due to injury to guest or member's person, or of the services, facilities, and premises of the club. Guest or member hereby holds Ellis Athletic Center, LLC; Facts, Inc; Fitness Awareness Consulting Teams, Inc; Facts Fitness, Inc, Berwind Property Group; BPG Real Estate Investors, Straw Party LP; BPG Management CO; its officers, owners, agents and employees harmless from all claims which may be brought against them by the guest or member or on guest or member's behalf for any such injuries or claims.

I represent that I am the participant, or the parent/guardian of _____, who is under 18 years of age. I have read the Permission/Waiver Form and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of Ellis Athletic Center.

Signature: _____ Date: _____

Print Name: _____

STAFF NOTES:

Day 1 Day 2 Day 3

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