

Lopez Fit Membership Form

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Date of birth: ____/____/____ Email: _____

Emergency Contact Name: _____ Telephone: _____

Today's Date: _____ Equipment Orientation Completed Date _____ By: _____

MEMBERSHIP TYPE:

- One Year
- Three Month
- One Month
- Silver Sneaker
- Silver and Fit
- Ten Visit Card
- Five Visit Card
- Drop In/One use
(Gym or Class)
- Zumba Only
(good for one month
from date of purchase)

MEMBERSHIP TERMS AND CONDITIONS

Memberships are not refundable or transferable.

All weights and equipment must be wiped and put back after use.

Each Lopez Fit member must treat other members and staff with respect and comply with staff requests.

Lopez Fit staff reserves the right to rescind the rights of members not complying with the terms and conditions of Lopez Fit .

Members 12-18 years of age must have parent/guardian sign waiver on back.

Members 12-15 years of age must have parent/guardian on site when using gym; use a written program approved by staff.

If photos are taken of me in the gym, I consent to their use in marketing material for Lopez Fit.
_____ Yes _____ No

WAIVER OF LIABILITY

MEMBERS MUST SIGN AND DATE WAIVER ON BACK OF THIS PAGE.

****Staff/Volunteer print your name here. _____

Member Name: _____
Last _____
First _____

Member Number: _____

Lopez Fit
WAIVER AND HOLD HARMLESS AGREEMENT (Must be signed to participate)

I acknowledge that by signing this document Waiver and Hold Harmless Agreement ("Waiver"), I am releasing Lopez Fit and its directors, officers, agents, employees, members, owners, landlord and affiliates from any and all liability arising from my participation in Lopez Fit's activities and use of its facilities and equipment. I understand that execution of this Waiver is a prerequisite for participation in Lopez Fit, and that this Waiver is a valid and binding contract between me and Lopez Fit.

I understand and acknowledge that there are certain risks associated with the activities offered by Lopez Fit, including the risk of serious personal bodily injury or death, and I expressly agree to assume those risks. I fully assume the risks associated with such participation including and not limited to dangers of the use of Lopez Fit equipment, equipment failure, inadequate safety equipment, participation in classes and other activities offered by Lopez Fit and my own negligence.

I certify I have been examined by a doctor licensed to practice medicine in the state of Washington, and I warrant that I am in proper physical condition to participate in this event. I am not aware of any health conditions or physical limitations that would preclude my safe use of the facilities and equipment at Lopez Fit.

I acknowledge that I have been advised that neither Lopez Fit nor any of its instructors or employees will provide medical or any other form of insurance to participants in the activities at Lopez Fit.

I understand that this Waiver is also binding on my heirs and representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to hold harmless and indemnify Lopez Fit and its directors, officers, agents, employees, members, owners, landlord and affiliates for any claim brought on behalf of the minor.

I understand and agree that this Waiver is intended to be a complete and unconditional release of all liability as permitted by the laws of the State of Washington. I further understand and agree that this Waiver shall be governed by and construed in accordance with the laws of the State of Washington and that venue for any legal action arising out of this Waiver shall be in the San Juan County Superior Court.

I have carefully read and considered the implications of this Waiver and fully understand its contents. I understand and acknowledge that I am giving up significant legal rights, including the right to sue, and I understand I have the right to consult with legal counsel of my choosing prior to signing this Waiver. By my signature below, I have either consulted with an attorney or have knowingly and voluntarily declined to do so.

Print Name of participant

Print Name of minor participant

Signature of Participant Date

Signature of parent/guardian if
Participant it under 18 years of age Date

[ONE PARTICIPANT PER WAIVER]