guest waiver

snap fitness 24/7

Club Location		Business Entity	
Address			
Guest Name		Date of Birth	
Address			
Suburb		State	Postcode
Email		Mobile	Phone
Emergency Contact Name		Emergency Contact I	Phone
			porate/ lic business name here)
		ers to the club at which the agre	ement is signed. "I" refers to the person whose
name and signature appear			is all association and have no modical region o
			ical condition and have no medical reason of acknowledge the Club Owner and Snap Fitness
			nd ability to use the facilities. If I have any health
		them with my doctor before using	
			my use of the Snap Fitness facilities, I agree that
my right to use the facilities w			
		, ,	s to pursue money damages or any other relie
			"Snap Fitness" location. In the event I am injured I harmless Club Owner, Snap Fitness Inc. and al
			ort for damages or for other relief, including bu
			and all Snap Fitness locations are unsupervised
			cise in the manner that I choose to exercise.
			g the dangers of physical injury and death) and
			ort against Club Owner or Snap Fitness, Inc. and
			sort for damages or for other relief, including bu
and assigns.	ribution. This assumption	on of risk and waiver of liability a	pplies to my family members, successors, heir
0	ROPERTY. I understand t	that Club Owner and Snap Fitness	s, Inc. are not responsible for any of my persona
		und the Club Location or any other	
ACKNOWLEDGEMENT OF MEM	BER LIABILITY. I am liable	e for all damage I cause to the eq	uipment or physical infrastructure of the facility
and will reimburse Snap Fitne			
			r the facility. This pass and access card are
	on. I will not let anyone e	else use my access cara and I wil	l not bring any unauthorised guest into the Club
Location.			
Start Date	End	Guest Signature	
This is to cortify that I a para-	nt/quardian with lead i	responsibility for the member do	consent and agree to the terms and conditions
of this membership agreeme			ourself and agree to the terms and condition:
		my and rolledo.	Mobile
			Time
Suburb		State	
Staff Name			
Staff Signature		Date	Time