

## Fitness MD 3 Day Pass

Fill out and bring this form in on your first day!

NAME:				
ADDRESS:				APT:
	CITY:	ST:	ZIP:	
PHONE:				
EMAIL:				
1. How did you hea	r about Fitness MD	9?		
2. What is your heal	th/fitness goal?			
3. Do you currently have a gym membership? If so, where?				
4. Do you currently have any injuries? If so, what movements can you NOT perform?				
apparatus designed for exerciabove) sole risk. Notwithstan is hereby understood that the responsibility, and the Gym slarising due to injury to Membracilities of the Gym or the program or onto the Gym's parking responsible in any way for dathe Gym's parking area, inclusuccessors, assigns, owners, cany such injuries or claims afor	ising and the use of the Gynding any consultation on exite selection of exercise progratial not be liable to Member per's person or property arising area, Member takes such mage to or loss of any person ding but not limited to, loss officers, directors, employees presaid and Member for hims forever release and dischargents.	number of repetitions, and use of any n's (Fitness MD) premises and facilities arcise programs which may be provided ams, methods and types of equipment or member's family for any claims, dering out of or in connection with the use cated. If Member brings any personal paction at Member's sole risk. It is here and property which Member brings ontest due to theft, damage, or car accidents, and agents harmless from all claims we self and on behalf or his family, executor the Gym, its successors, assigns, own actions, losses and expenses.	shall be at the Mand by Gym emploshall be Member of the property onto the premises of the premises of the premises of the may be brown, administrato	Member's (listed byees or agents, it byees or agents, it byees or agents, it by services and by services and by services of the byee of the Gym or onto byee holds the Gym, its byee ought against for services or against for services or agents against agents against agents against agents against agents agents against agents
Signature:				
Date:				
Administrative Use Online				
Pass Expires:		Staff:	Trainer:	