Application Date_____ CFF#_____

Carthage Family Fitness Membership

Name:_____ Sex:_____ D.O.B _____

Address:_____

Home Phone:_____ Cell Phone:_____

Email:_____

Emergency Contact Number:_____

Membership Type: Youth - H.S. Young Adult Adult Family
One Prnt Family Senior Single Senior Couple

Payment: Monthly Bank Draft Quarterly Semi- Annually Annually

List Spouses and Children within Family Membership

1. _____ D.O.B._____
2. _____ D.O.B._____
3. _____ D.O.B._____
4. _____ D.O.B._____
5. _____ D.O.B._____

Carthage Family Fitness
Waiver, Release and assumption of Risk Form

This form is an important legal document. It explains the risk you are assuming by participating in this event. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom

Assumption of Risk

I, _____ recognize that this event might be difficult and strenuous that and that there could be dangerous inherent involved for some individuals. I acknowledge that the possibility of certain unusual physical changed during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death. This is also risk of sprain, back injury, falling and/or broken bones.

I understand that as a result of my participation in this event, I could suffer an injury or physical disorder that could result in becoming partially or totally disabled and incapable of performing any employment or social standards.
I agree to utilize all required safety equipment at all times during the event. I recognize that I should be in good physical health prior to involvement in this event. I acknowledge and agree that I assume the risks associated with any and all activities involved in this event.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLYN UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST CARTHAGE FAMILY FITNESS FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

_____

Participants signature (parent/guardian if under 18) Date

_____

Participants printed name

Comments:

_____

_____