Centegra Health Bridge Fitness Center
WELL BEYOND EXPECTATION℠

WAIVER AND RELEASE OF LIABILTIY FOR GUESTS

PLEASE PRINT

ONE FORM MUST BE COMPLETED FOR EACH GUEST
PHOTO ID REQUIRED

CHECK IN TIME AND DATE: _____ HAVE YOU BEEN HERE BEFORE? YES / NO

GUEST NAME: _____ DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____

GUEST ADDRESS: _____
street city state zip

On behalf of myself or the minor guest I am the parent or guardian of, I acknowledge that attendance at, use of, or participation in Centegra Health Bridge Fitness Center (CHBFC) facilities, activities, equipment or provided transportation could be dangerous and cause injury, including death, and is undertaken at the guest's own risk. On behalf of myself and/or the minor guest I am the parent or guardian of, and my/our heirs, executors, and assigns, I fully waive, release and forever discharge Centegra Health Bridge Corporation, Centegra Health Fitness Center, LLC, and their respective affiliates, parents, subsidiaries, officers, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action, and causes of action, known or unknown, anticipated or unanticipated, arising out of or relating to attendance at, use of, or participation in CHFBC facilities, activities, equipment or provided transportation. My signature below verifies that I have read, understand and agreed to this waiver and release of any and all liability.

GUEST OR PARENT/GUARDIAN SIGNATURE: _____
REQUIRED if Guest under age 18

PARENT/GUARDIAN PRINTED NAME: _____

GUEST EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

MEMBER NAME: _____

Centegra Health Bridge Fitness Center
STAFF AUTHORIZATION:

_____