

Program Registration Form

CHILD'S NAME _____
 CHILD'S AGE _____ GRADE _____ PARENTS NAME _____
 ADDRESS _____ TOWN _____ STATE _____ ZIP _____
 PHONE H- _____ C- _____ W _____
 EMAIL- _____
 PROGRAM _____

LifePlex Health Club Agreement Health Warranty. I warrant and represent that I have no disability, impairment or ailment that prevents me from engaging in active or passive exercise. This representation is made by me knowing that LifePlex Health Club LLC (Club) will rely upon it in allowing me to participate in Club activities. ***Waiver of Claims.*** I expressly agree that my use of and / or attendance at the Club are undertaken at my sole risk and that the Club's Owners, managers, employees and agents (Management) shall not be liable for any damages or injuries to me or my property or be subject to any claim, demand, or cause of action, including for any injury or damage resulting from the active or passive negligence of the Club, its Management or other club guests. ***Release of Club.*** I, on behalf of myself, my executors, administrators, heirs, assigns, and successors, do hereby fully and forever release and discharge the Club and its Management from all such claims, demands, injuries, actions or causes of action. ***Consent.*** I consent to pictures being taken of me by the Club and understand that such pictures will become the property of the Club. They may be used by the Club for promotional purposes without the payment of fees or other compensations to me. Where a person could or does sign on behalf of his / her minor child (including on a membership agreement) the following language also is required. Where this agreement covers a person who is a minor (under 18 years old) I, as the minor's parent or legal guardian, expressly make the Healthy Warranty and agree to the Waiver of Claims, Release of Club and Consent pro visions contained above. I authorize the Club and its Management to obtain medical treatment for my dependent minor. Refunds will not be made at any time unless the withdrawn spot is resold to another customer or program is cancelled. ***I hereby give LifePlex Health Club LLC permission to charge my credit card listed below for the program (s) which I have registered for. I understand the procedures and cancellation policy for this program.***

PAYMENT: Price _____ CashCheck # _____ Credit Card: V/ MC/ AE/ DISC
 CC Number _____ Exp Date _____ Security Code _____
 Credit Card Billing Zip Code _____
 Signature Parent / Guardian _____ Date _____

