

GUEST REGISTRATION

Last Name	First Name	Middle Initial
Address		Telephone #
City	State	Zip Code
Comments or health co	ncerns Fit Physique should be aware of:	
equipment, or facility on the p of the facilities and premises (that might result, including, w	e guest) agree that if you engage in any physical exercise, oremises, you do so at your own risk. You agree that you including the parking lot) and assume all risk of injury, without limitation, any loss or theft of any property. You representatives, successors, and assigns) from any and all	are voluntarily participating in activities a illness, damage, or loss to you or your prope agree to release and discharge us (and our
Waiver and Release You (the guest) agree to	assume all risk of damage, loss, or theft to or	of any personal property.
Guest's Signature		Date
Last Name	GUEST REGISTRAT	ΓΙΟΝ Middle Initial
Address		Telephone #
City	State	Zip Code
Comments or health cor	ncerns Fit Physique should be aware of:	
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