



**Meadowbrook**

Aquatic & Fitness Center ACCT Number

<b>NAME OF PRIMARY MEMBER</b>		<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>
<b>STREET ADDRESS</b>		<b>APARTMENT OR UNIT</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE</b>	
<b>E-MAIL ADDRESS</b>		<b>ADDITIONAL PHONE</b>		
<b>EMERGENCY CONTACT</b>		<b>EMERGENCY CONTACT PHONE</b>		
<b>ADDITIONAL MEMBERS</b>	<b>AGE</b>	<b>DOB</b>	<b>SEX</b>	<b>RELATIONSHIP TO PRIMARY</b>
<b>PLEASE PROVIDE US WITH THE NAMES OF THREE PROSPECTIVE MEMBERS &amp; THEIR CONTACT INFORMATION</b>				
1.				
2.				
3.				
<b>FOR OFFICE USE:</b>				
DATE: ___/___/___      NAME ON CARD: _____				
VISA   MC   AMEX   DISC   _____      EXP DATE ___/___				
CHECK NUMBER _____      CASH _____      AMOUNT: _____				
<b>WINTER      SUMMER</b>		<b>SINGLE      FAMILY</b>		
<b>CIRCLE ONE</b>		<b>CIRCLE ONE</b>		
<b>REFERRED BY: _____ (MUST BE CURRENT MEMBER)</b>				

Staff \_\_\_\_\_

All payments are non-refundable and non-transferable

CF \_\_ QB \_\_

WAIVER

I (we)\* hereby agree to participate in a fitness program and/or general exercise activities and/or recreational leisure at the Aquatic Ventures, LLC DBA Meadowbrook Aquatic Center (hereafter Meadowbrook) upon the understanding that:

\*hereafter "I" as the subject of each of the following terms will stand as a singular statement by each of the undersigned whether age of majority or minor, whether individual membership or family.

1. I represent to Meadowbrook that I am physically capable of participating in an exercise program and/or activity and/or recreational leisure;
2. I recognize the risk of illness and/or injury inherent in any exercise program and/or activity and/or recreational leisure;
3. I, my heirs, distributees, guardians, legal representatives and assigns will make no claim against, sue, attach the property of, or prosecute Meadowbrook or any agents, employees or invitees for injuries or damages resulting fro the negligence or other action or inaction of Meadowbrook, its agents, employees, and invitees as a result of my participation in the said exercise program and/or activity and/or recreational leisure, and I agree to indemnify and hold Meadowbrook harmless from the same. I hereby waive and release Meadowbrook and my instructor(s) if any from any and all claims, costs, liabilities, expenses or judgments, (including attorney fees and court costs) arising out of my participation in the exercise program and/or activity and/or recreational leisure or and illness and/or injury arising there from.
4. I am aware that this is a release of liability and a contract between myself and Meadowbrook and sign it of my own free will.
5. Parent (s) / Guardian (s) must sign for children who have not reached the age of majority (18).

**NO APPLICATIONS WILL BE PROCESSED WITHOUT THE WAIVER SIGNED**

List below all who are listed on the application and provide with appropriate signatures and dates. Your application will not be processed without the completion of this form.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_