



Fitness Center Member Registration and Waiver

Member Name: _____	Date of Birth: _____
Full Address: _____	
Cell #: _____	Home #: _____ email: _____

Emergency Contact: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____

<u>Membership Level (Check one box):</u>	
<input type="checkbox"/> Individual	<input type="checkbox"/> Add-a-Member (Name of Member: _____)
<input type="checkbox"/> Group (Name of Employer/Group: _____	Work Phone: _____)
Initial Membership Date: _____	Duration: _____

CPT Fitness Membership Disclosure: County Physical Therapy, LLC & The Health & Wellness Center (CPT) is not responsible for accidents, injuries, or loss of personal property caused by its negligence or the negligence of its servants, agents, or employees. The Member Applicant stipulate that he or she is physically sound and that he or she has medical approval to proceed with a plan of exercise or any other activities at, in conjunction with, or sponsored by, CPT. The Applicant further stipulates and agrees that all exercises or activities shall be undertaken by the Applicant at his or her sole risk, and that CPT shall not be liable for any claims, injuries, or causes of action whatsoever to the Applicant's person or property arising out of or connected with the Applicant's use of CPT services, facilities, or premises, or the negligence of CPT, its servants, agents or employees. Membership can be revoked at any time. Membership dues must be paid in full to use CPT facilities. Refunds not available for paid memberships. Members under the age of 16 must be accompanied by an adult when using CPT facilities.

By signing this agreement, the Member Applicant acknowledges that he or she has read, understands, and agrees to abide by the above terms and CPT's Fitness Center Policies and Procedures.

Member signature: _____	Date: _____
Signature of Parent/Guardian: _____	Date: _____
(required if Participant is under 18 years of age)	

CPT Use Only: CPT Clinic of Registration: _____	CPT Employee: _____
Amount Due: _____	How Paid: _____ Membership Expires: _____