



Today's Date : _____

Member ID #: _____

MEMBERSHIP FORM

New Renewal

Qualified Gym Program:

Gym Program Id Number: _____

NA RA SS SF

MEMBERSHIP OPTIONS

Membership Type : Basic \$75.00 Annually Standard \$195.00 Annually Premium \$275.00 Annually

Qualified Gym Program: Basic \$0.00 Annually Standard \$120.00 Annually Premium \$200.00 Annually

I would like to make a charitable donation: \$50.00 \$100.00 \$500.00 Other _____

I wish to make my donation anonymous : (Amount over \$10 will receive a tax deduction receipt.)

Membership & Donation Subtotal : _____

Membership Expiration Date: _____

Fitness Expiration Date: _____

PERSONAL INFORMATION

Full Name: _____

E-Mail : _____

Full Address : _____

Telephone : _____

Date Of Birth: Required

M M D D Y Y

Emergency Contact Information

Name : _____

Telephone : _____

I understand that this membership is non-refundable and non-transferrable :

Signature: _____

Want the latest updates or to be more involved with the Center?

Receive Newsletter by Email

Volunteer

Teach a class

Help Plan Events

Thank you!

Official Use Only :

Payment Type:

Membership Card Issued

Membership Card Picked Up

Guest Passes Issued

CC CK CA

Date

Date

Date

_____ KM _____ TB _____ JR _____

THANK YOU FOR YOUR MEMBERSHIP



THE CENTER FITNESS RELEASE WAIVER OF LIABILITY

I (print name) _____,

wish to use The Center Fitness Equipment and apparatus, participate in exercise programs and classes, and or participate in personal training activities. In consideration of permission to use the facility & services, I acknowledge and affirm the following: I, acting on behalf of myself, do expressly and forever waive and release The Center and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries and or damages sustained, incurred, or arising from participation in any Activities. By registering for any activity, I agree to allow publication of photos or video taken of myself at any program, event or facility associated with the The Center. I understand that using the Fitness Equipment and, or participating in exercise programs or classes may have inherent dangers and may be hazardous. I fully realize, understand, and appreciate the risks to my person associated with the use of the facility or participation in any exercise program. I have been given an opportunity to ask any questions I might have. I understand how to operate the equipment I choose to use. I acknowledge that I have consulted with my physician before use of any exercise equipment and before beginning any exercise program or class or personal training activities. I acknowledge that I have no physical or medical condition, which, to my knowledge, would endanger others or myself in connection with my use of the facility. I acknowledge that it is my full and sole responsibility to know the limits of my physical abilities as they relate to the use of the facility and its equipment, activities, and events. I understand that I must sign in daily and make a staff member aware of my intentions to utilize the facility. I have read the foregoing release and waiver of liability. I understand its content, and agree to its terms, conditions, and limitations on my rights, and request that I be allowed to use the facility according to the terms of this release and waiver of liability. By my signature below, I agree to each and every term of the release and waiver of liability.

Member Signature: _____ Date: _____

More Information :
1280 E Rosser Street, Ste B, Prescott, Arizona 86301
928-778-3000 (Office) / KMcFadden@adultcenter.org
www.TheCenteronRosser.org

Thank you!