

GUEST FORM

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____ DATE OF BIRTH _____

SPOUSE'S FIRST NAME _____ SPOUSE'S MIDDLE INITIAL _____ SPOUSE'S LAST NAME _____ DATE OF BIRTH _____

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 HOME PHONE WORK PHONE CELL PHONE

EMAIL ADDRESS _____

RELEASE OF LIABILITY – ASSUMPTION OF RISK – WAIVER OF CLAIMS

I desire to participate in fitness, athletic, or other activities at the Family Life Center. I have been informed and understand that participation in activities at The Family Life Center may involve a risk of personal injury to me. I understand that there is an inherent risk of injury in all sporting or athletic activities. In consideration of my being allowed to participate in the activities at the Family Life Center and based on my desire to participate, I assume all responsibility for and all risk of damage to my person or my property and agree that neither the Family Life Center nor the Lenexa Christian Center, nor any employee or representative of either, owe me any duty of protection from harm. I certify that I am not relying to any extent on any instructions, assurances of safety, or warnings from the Family Life Center, the Lenexa Christian Center, or their agents. I hereby release the Family Life Center, the Lenexa Christian Center and their agents, employees, volunteers, etc., from all liability for any and every claim, demand, cause of action, whether in law or equity, present or future, whether known or unknown, whether anticipated or not, arising from or by reason of any bodily injury or personal injury, death, or damage to property resulting from, arising out of, or incident to my participation in any activities at the Family Life Center whether by caused negligence or otherwise. These releases specifically include the future negligence, if any, of the Family Life Center, the Lenexa Christian Center and their agents and employees. I agree that neither the Family Life Center nor Lenexa Christian Center may be held liable for defects in equipment or products of any kind. I understand the terms of this paragraph, have read all of its provisions, and am signing of my own free act. I indicate my acceptance of the terms of this paragraph and this membership agreement by my signature below.

AUTHORIZED SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

(Parent or guardian signature required if age is under 18 years)

DATE _____