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\_\_\_\_ TIME

# GUEST



### Desired Benefits:

- Feel Better
- Improve Health
- More Energy
- Lose / Maintain Weight
- Reduce Stress
- Improve Strength

### Primary Areas Of Interest:

- Group Exercise
- Basketball
- Weights / Cardio
- Racquet Sports
- Swimming Pool
- Programs (Youth, Adult & Senior)

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this Club at my own risk and shall hold this Club, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting therefrom.

Signature \_\_\_\_\_

# \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Bus. Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Guest of \_\_\_\_\_ Approved \_\_\_\_\_

How did you hear about Columbia Athletic Clubs?  
\_\_\_\_\_  
\_\_\_\_\_

This is my \_\_\_\_\_ visit to Columbia Athletic Clubs