



DOUGLAS COUNTY AND GENESIS HEALTH CLUBS
MEMBERSHIP ENROLLMENT FORM

This agreement begins this ____ (day) of _____, 20____, by and among Genesis Health Clubs and the following Douglas County:

Name, Gender, Address, City, State, Zip, Phone, Email, Date of Birth, Secondary Member, Emergency Contact Name, Secondary Member Date of Birth, Emergency Contact Phone Number, Additional Family Member and Date of Birth, Additional Family Member and Date of Birth

Membership: Single Dual Family-must be under 21 and living at home
Your Memberships entitles you access to all Gold Genesis Health Club locations including Lawrence North and Lawrence South. Your access and use of the basic facilities shall be subject to all rules and regulation of the Club in which such facilities are located and you shall not have any voting, proprietary, or any other rights in the Clubs as a result of this Agreement, or the Membership.

Additional Fees:
If there is any upgrade (i.e. tanning package, personal training, etc.) you will need to complete an agreement form at the Club and fees will be automatically drafted from a bank draft or credit card draft.

Terms of this Agreement:
Memberships are Paid In Full from the month of Enrollment and will Expire 5-31-2021.

Start Month: _____ Exp Date: _____ Total Amount: _____

Release of Liability:
You understand that by participating in any physical activity certain risks are involved. You understand and you acknowledge that you have been warned by us to consult a physician before beginning any exercise program or physical activity. You further understand that your membership my enable you to participate in certain social and/or promotional activities and events. You also understand and acknowledge that you (and the other authorized persons) are participating in all such physical activity or exercise, social and/or promotional activities freely and voluntarily and assume complete responsibility for any accidents, injuries, or illness that may occur as a result of any such activities, including any accident injury or illness that may occur as a result of, or arise out of, our negligence. You agree that you (and the other authorized persons) are participating in all physical, social and/or promotional activities, whether at our facility or other locations, at your (and their) own risk, and hereby release and agree to hold us harmless and indemnify us against any claim and/or liability, loss, or expense, (including without limitation, reasonable attorneys' fees, court costs, and other costs of litigation), imposed by law or otherwise, arising out of your (or any other authorized person's) use of our facility or participation in any activity at our facility or other location, including, without limitation, participation in any exercise class, fitness program, or any other social or promotional activity conducted by us.

Douglas County Employee, Date, Genesis Health Clubs Representative, Date

*Provide a copy of enrollment form and drivers license for Genesis Health Clubs