



LE ROY, NY 14482 PHN: 585-414-3181

MEMBERSHIP APPLICATION FOR KEY PAD LOCK ENTRY
FROM 5:00am- 11:00pm DAILY, 18 YEARS AND OLDER

PLEASE READ AND SIGN WHERE INDICATED. PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 21 YEARS OF AGE.

I, _____, HEREBY MAKE APPLICATON FOR TRAINING AT **Main Street Fitness**, AND UPON ACCEPTANCE, I SINCERELY PLEDGE TO OBEY ALL FITNESS CENTER RULES AND REGULATIONS, WHICH ARE SET UP FOR THE PURPOSE OF KEEPING ORDER AND FOR THE PROTECTION OF MEMBERS FROM INJURY. I RECOGNIZE THAT A RISK IS INVOLVED IN FITNESS TRAINING WHICH REQUIRES MY STRICT ADHERENCE TO THE RULES. IN CONSIDERATION OF MY ACCEPTANCE INTO MAIN STREET FITNESS, I HEREBY FOR MYSELF, MY HEIRS, MY EXECUTORS AND ADMINISTRATORS, WAVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST **MAIN STREET FITNESS/LEROY KARATE**, ORGANIZATION, ITS INSTRUCTORS, EMPLOYEES, AGENTS, MEMBERS AND AUTHORIZED GUESTS, AND BUILDING OWNERS.

IN CONSIDERATION OF THE ACCEPTANCE OF THE ABOVE NAMED APPLICANT AT **MAIN STREET FITNESS/LEROY KARATE**, AND RECOGNIZING THAT A RISK IS INVOLVED IN THE PRACTCE OF FITNESS TRAINING. I THE UNDERSIGNED PARENT OR GUARDIAN, HEREBY AGREE TO SAVE, INDEMNIFY AND KEEP HARMLESS **MAIN STREET FITNESS/ LEROY KARATE**, ITS INSTRUCTORS, EMPLOYEES, AGENTS, MEMBERS AND AUTHORIZED GUESTS, BUILDING OWNERS, AGAINST ANY OR ALL OF THE FOLLOWING: LIABILITY CLAIMS, JUDGEMENTS OR DEMANDS FROM DAMAGES ARISING FROM ACCIDENTS OR INJURIES OF THE ABOVE NAMED APPLICANT.

PLEASE NOTE HERE ANY PHYSICAL LIMITATINS YOU MAY HAVE (EYEGASSES / BAD BACK). IN SOME CASES, A DOCTOR'S EXCUSE MAY BE REQUIRED PRIOR TO STARTING.

I UNDERSTAND THAT I MAY BE EXPELLED OR REMOVED FROM MAIN STREET FITNESS AT THE DISCRETION OF THE OWNER,EMPLOYEES OR INSTRUCTORS.

APPLICANT SIGNATURE: _____

PARENT OR GUARDIAN: _____

DATE BEGAN: _____

APPROVED BY: _____

BY SIGNING ABOVE YOU HAVE AGREED TO AND READ ALL RULES AND INFORMATION IN THIS PACKET.



LE ROY, NY 14482 PHN: 585-414-3181

NAME: _____

Key Pad#: _____



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NAME: _____

Key Pad#: _____