



GUEST REGISTRATION – CONTACT INFO

Name: _____ Date of birth: _____

Address: _____

City, State & Zip Code: _____

EMAIL: _____

EMERGENCY CONTACT

Name: _____ Tel #: _____ Relationship: _____

WAIVER OF LIABILITY

Physical Condition & No Medical Advice: I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from my intended use of Orchard Hills Athletic Club's facilities. As such, I acknowledge that Orchard Hills Athletic Club did not give me a medical advice before use for its facilities, and cannot give me any after I use its facilities, relating to my physical condition and ability to use its facilities. If I have any health or medical concerns now or after I use its facilities, I will discuss them with my doctor.

I hereby release Orchard Hills Athletic Club from any and all claims resulting from injury or damage that may be sustained by me from use of premises or equipment or from participating in the physical exercise.

Signature: _____ Date: _____

Check here if interested in receiving OHAC membership information