



West Fork Wellness Center Membership Application

Primary Member

Name (First MI Last)		DOB	Gender (M/F)	Today's Date
Mailing Address		City/State/Zip		Email Address
Primary Phone #	Secondary Phone # (if appl)		Emergency Contact Name/Relationship	
Employer Name/Phone #			Emergency Contact Phone #	

Secondary Member

Name (First MI Last)		DOB	Gender (M/F)	
Mailing Address		City/State/Zip		Email Address
Primary Phone #	Secondary Phone # (if appl)		Emergency Contact Name/Relationship	
Employer Name/Phone #			Emergency Contact Phone #	

Family Membership Information

Dependent/Children's Names	Gender (M/F)	Birth Date	Relationship

West Fork Wellness Center Membership Application (continued)

In consideration of gaining a membership or being allowed to participate in the activities and programs of the West Fork Wellness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the West Fork Wellness Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Wellness Center or the use of any equipment at the Wellness Center.

I agree to adhere to all policies set by the West Fork Wellness Center regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge the use of exercise equipment involves risk of serious injury.

I understand and agree the West Fork Wellness Center is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand by signing below, I am accepting this agreement on behalf of all members listed on this form.

Signature _____ Date _____

Office Use Only

Wellness Center Supervisor: _____

Membership Type:

Family Annual Semi-Annual

Couple Annual Semi-Annual

Single Annual Semi-Annual

College Student

School Student

Payment Type:

Cash \$ _____

Check \$ _____ # _____

Online \$ _____

Payroll Deduct \$ _____