

GUEST APPLICATION

Member Information (please print)

First _____ MI _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ / _____ / _____ Mobile# _____

Email Address _____

Emergency Contact Information (please print)

Contact Name _____

Relationship to Member _____ Contact# _____

7-Day Free Trial

Redeemable only once; grants 7 consecutive days of facility access; **must present GA state-issued ID.**

Guest Pass Facility Access

1 day @ \$10 7 consecutive days @ \$20 14 consecutive days @ \$30 30 consecutive days @ \$60

Consent and Release

I have voluntarily enrolled at The Wellness Center at Emory Decatur Hospital in either a structured exercise program or a program which permits self-directed recreational use of exercise facilities. I have been informed and understand that there are certain risks of accident, illness, injury, or death that are inherent in any program of physical exercise. These risks include, but are not limited to increased pulse and respiration rate, joint stress on weight bearing joints, fatigue, possible blood pooling which can cause fainting, sore and/or pulled muscles, side cramps and charley-horses, and dehydration, as well as less common risks such as fractures and heart failure. I further understand these risks can be intensified and possibly severe in participants with certain high risk factors identified as high blood pressure, obesity, diabetes, high blood fat levels, heavy intake of alcohol, heavy cigarette use, history of heart disease, and history of joint disease, especially back and knee injuries. I have been informed and understand that The Wellness Center has no responsibility to detect factors that may increase the risk of illness or injury for particular participants in its exercise program and that it urges each participant to consult his/her physician before beginning an exercise program. By signing below, I consent to assume all risks, which are associated with, or which may result from vigorous physical exercise or any other activities I undertake in structured programs or recreational activity conducted by The Wellness Center. In consideration of the benefits I will receive from The Wellness Center exercise program, I, for myself and my heirs, executors, and assigns, release The Wellness Center at Emory Decatur Hospital and their officers, agents, staff, physicians, and other representatives from any and all liability for illness, injury or death which may occur from, or arise out of participation in the exercise program from any cause whatsoever, including the negligence of those being released. If one or more of the provisions contained herein shall be held to be unenforceable in any respect under Georgia law, such unenforceability shall not affect other provision of this Consent and Release. The Consent and Release shall then be construed as if such unenforceable provision or provisions had never existed.

Guest signature: _____ **Date:** _____