

# Fitness Center Membership

## Fitness Center Membership

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*Membership required to access Fitness Center*

**Full Name (First, Last)** \_\_\_\_\_  
**(Required):**

**Address:**

Street: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Email (Required):** \_\_\_\_\_

**Mobile Phone (Required):** (       ) - \_\_\_\_\_

**Name of Emergency Contact** \_\_\_\_\_  
**(Required):**

**Medical History:**

*Please check all that apply*

- Allergies       Asthma       Diabetes  
 Stroke       Heart Failure

Other  
If Other, please explain: \_\_\_\_\_

**Phone Number of Emergency Contact** (       ) - \_\_\_\_\_  
**(Required):**

**Interest Area(s):**

- Fitness       Walking/Jogging       Strength Training  
 Other  
If Other, please explain:

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## Medical Waiver & Release

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I understand that my signature confirms that I realize my participation in various activities and my use of equipment at the Life Center involve risks of injury and/or impairment. Appreciating these risks, I desire to become a member of the Fitness Center.

I represent that I am in good physical condition and have consulted with a physician concerning the activities that I would like to participate in. If I have determined not to consult with a physician, I acknowledge that it has been recommended to me to obtain medical clearance prior to engaging in physical activities.

By my execution, hereof, I hereby waive, release, discharge and acquit the Life Center and Mount Moriah Missionary Baptist Church, their directors, officers, employees and volunteers from any and all claims.

**Signature (Required):** \_\_\_\_\_