

Short-Term Membership Agreement

PRIMARY MEMBER (Parent or guardian for applicants under 18 years) Date _____ Member# _____

Member name: _____ Birth date: _____ Age _____ Gender: M F

Home Mail Address: _____ City: _____

State: _____ Zip: _____ Home phone: _____ Cell: _____

E-mail address: _____ Would you like to receive our email newsletter: Yes No

Employer: _____ Work number: _____

Emergency Contact (required): _____ Phone: _____

Other than in your household

2nd family member: _____ DOB: _____ Age _____ Gender : M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender : M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender : M F Member# _____

Add. family member: _____ DOB: _____ Age _____ Gender : M F Member# _____

(Please list all children) _____

Member Handbook Summary and Acknowledgement

Member conduct and right to use the facility:

Applicant agrees to abide by all standards of The Wave and understands that failure to act in accordance with these may result in expulsion from The Wave and revocation of membership. **Initials** _____

Property Loss:

The applicant understands that The Wave is not responsible for personal property lost, damaged or stolen while using The Wave facilities or participating in Wave programs. **Initials** _____

Insurance:

The applicant understands that The Wave does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Initials _____

Liability:

The Wave, and their agents assume no liability for persons who undertake physical activity at The Wave, and if any person is in doubt about increasing their physical activity you should consult your doctor prior to physical activity. **Initials** _____

Dated: _____ Signature: _____

Dated: _____ Signature: _____



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Whitefish, Montana 59937
406-862-2444
Fax 862-1844
www.whitefishwave.com

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Express Assumption of Risk: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in exercise and/or activity at The Wave. I am aware that it is the recommendation of The Wave to speak with a doctor by phone or in person to discuss exercise guidelines or limitations BEFORE you start utilizing The Wave. I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling stroke or even death. I also recognize that there are many other risks of injury, including serious injuries that may arise due to my participation in these exercises or activities. I understand it is not possible to specifically list each and every individual injury or risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Release of Liability: Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of pre-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for my care in the event of injury or illness. I understand the performance of any exercise in my responsibility and NO EXERCISE IS MANDATORY. With this understanding I release The Wave, its agents, and employees from liability associated with my own negligence in participating in my exercise program.

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18

Printed Name: _____ Age: _____

Signature: _____ Date: _____

Parent or Guardian if under 18