



Adrenaline Body Worx

"Expect Change"



Registration

Day Pass/Class Tanning

7 Day Trial Guest

Dependent Member

Name _____ Age _____ DOB _____

Address _____ City _____ St _____ Zip _____

Best Contact # _____ Email _____

Emergency Contact Name and # _____

How did you hear about us? _____

Are you currently a member of another gym?

Yes No Where? _____
(optional)

General Guidelines

1. All members, guests, and trial members must check in.
2. All guests, tanning, & trial use during regular lobby hours.
3. Must be 13 to use gym, 14 to tan, & 16 to use either alone.
4. Do not exceed recommended minutes in tanning beds.
5. 24 hour wait period between tanning session.

Tanning Only (must be 14)

Please circle the correct answer.

- | | | |
|--|-----|----|
| 1. Do you tan easily? | Yes | No |
| 2. Do you regularly go into the sun? | Yes | No |
| 3. Do you have a tendency to burn? | Yes | No |
| 4. Known allergies to the sun? | Yes | No |
| 5. Have you ever been advised by a physician to stay out of the sun? | Yes | No |
| 6. Taking any medications that would cause sensitivity to sunlight? | Yes | No |
| 7. If so, please list here: | | |

Thank you for your time!

Waiver and Release of Liability

Adrenaline Body Worx, it's owners, employees, and instructors recommend that get approval from your physician prior to starting any diet or exercise program. We are not responsible for loss or theft of personal property. Repair or replacement costs incurred on damaged gym equipment due to careless use by the participant (you) will be the responsibility of the user. Precautions are necessary for safe tanning. I agree that I will comply with all instructions on the use of the tanning system, and that I am using these services at my own risk, and protecting my vision by using the goggles provided. Towels and goggles are provided for your safe use and must be returned.

By signing below, I am acknowledging my intent to release, waive and discharge **Adrenaline Body Worx** from any claim or liability for injury to my person, my children or other minor person for whom I am responsible, hereafter occurring at or around the **Adrenaline Body Worx** facility or any remote location. I understand that all programs and equipment offered by **Adrenaline Body Worx** present a risk of personal injury to participants. I have read and upon signing, understand this waiver and its release of liability.

Your Name (print) _____ Date _____

Your Signature (guardian, if under 18) _____

Adrenaline Body Worx Representative _____ Date _____

www.adrenalinebodyworx.com