

guest information



Name _____ Date _____ Greeted by _____

Address _____

City _____ State _____ Zip _____

Phone _____ (Cell) _____ Email _____

How did you hear about us? _____

guest registration & release

By signing this agreement, the undersigned has no medical or physical condition or history which would prevent him/her from using all or any of the Clubs' facilities, equipment and/or services.

Guests and members' guests assume the risk of any and all accidents and injuries of any kind which may be sustained by reason of or in connection with use of the clubs' facilities and release, discharge and absolve TSI, its agents and employees, from any and all liability and responsibility except if such accident or injury is the result of negligence of TSI, its agents or employees.

Signature _____

FOR OFFICE USE ONLY.

Source _____ Role ID _____

Member notes:

FMTSOP1510 5/2015