



AquaStone Well Spa Waiver and Release
Fitness Boutique

I intend to use some or all of the activities, facilities, programs and services offered at or by the *AquaStone Well Spa Fitness Boutique*. In consideration of being allowed such use, I do hereby waive, release and forever discharge AquaStone Well Spa and its officers, employees, agents, representatives and all others acting on its behalf from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered at or by the *AquaStone Well Spa*, including, but not limited to, my use of equipment or machinery in connection with the activities, facilities, programs and services offered at or by the *AquaStone Well Spa Fitness Boutique*.

I understand that each person (myself included) has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, facilities, services and programs offered are educational, recreational or self-directed in nature. I agree that my participation in any and all of the activities, facilities, programs and services provided at or by the *AquaStone Well Spa Fitness Boutique* is strictly voluntary and has not been requested or required by AquaStone Well Spa. I further agree that my participation in any and all activities, facilities, programs and services provided at or by the *AquaStone Well Spa Fitness Boutique* is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities, facilities, programs and services offered at or by the *AquaStone Well Spa Fitness Boutique*. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, facilities, programs and services, or that I have decided to participate in these activities, facilities, programs and services without the approval of my physician. I do hereby assume all responsibility for my participation in the activities, facilities, programs and services offered at or by the *AquaStone Well Spa Fitness Boutique* and for my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I understand that the activities, facilities, programs and services offered by the *AquaStone Well Spa Fitness Boutique* may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some *Fitness Boutique* employees, agents, representatives or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

Member Signature

Date

Print Member

Name Fitness Center Assistant Receiving Form



AquaStone Well Spa Fitness Boutique

Date: _____

Membership OR Drop-In (Circle One)

Name: _____

E-mail Address: _____

Work Phone: _____

Home Phone: _____

Address _____

City/State _____ **Zip** _____

Emergency Contact:

Name: _____

Contact Phone: _____

Method of Membership Payment :

Credit Card #: _____

Exp. Date: _____

(Circle Credit Card Type)

American Express

Visa

Master Card

Discover

Credit card will be billed the 1st of each month for Membership Payments. AquaStone requires 30 day written notice for cancellation.

I agree and accept the terms of AquaStone Well Spa's Fitness Boutique membership.

Member Signature

Print Name

Date