



THE HEALTHY WAY OF LIFE COMPANY™

# WELCOME TO LIFE TIME FITNESS

## ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION

### GUEST INFORMATION

Name \_\_\_\_\_

Names of Additional Guests \_\_\_\_\_

Names of Additional Guests \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Gender:  Female  Male

Age \_\_\_\_\_

### TELL US ABOUT YOU:

Are you visiting today as the guest of a member?

Yes  No

What type of membership are you interested in?

Single  Couple  Family

Were you referred to Life Time Fitness by a member?

Yes  No

If yes, what is the referring member's name?

If you are currently employed, does your company currently participate in a Corporate Wellness program?

Yes  No  Not Sure

If no, or not sure, who at your company administers or manages employee benefits?

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

\*Life Time Fitness may use Guest information to contact any Guests for marketing purposes and may collect and use a Guest's drivers license to verify information and track usage.

I understand and agree that there are risks of significant injury, however caused, to me and any of my Guests, including specifically minor Guests, in my or their use of or presence on Life Time Fitness' premises, whether within or outside its centers. I understand and agree that these risks of injury include, but are not limited to, slips, falls, trips, collisions, thefts, equipment failure or malfunction, or other such accidents or incidents that may result in injury, harm, loss or other damage, including but not limited to economic, property, emotional, mental, physical, bodily or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my own behalf, and on behalf of each of my Guests, including specifically minor Guests, I fully understand, voluntarily accept, and specifically assume these risks of injury.

On my own behalf, and on behalf of each of my Guests, including specifically minor Guests, I agree to release and discharge from all liability, and waive all claims, demands and actions against, Life Time Fitness, Inc. and its owners, operators, subsidiaries, affiliates, employees, agents, vendors and volunteers (collectively, "Life Time Fitness") for any and all injuries, harms, losses or other damages sustained by me or my Guests, including specifically minor Guests, in connection with my or their use of or presence on Life Time Fitness' premises or use of its facilities, equipment, services, programs or activities, whether within or outside its centers, resulting or arising from the negligent acts or omissions of Life Time Fitness, or the negligent acts or omissions of me; any of my Guests; including specifically minor Guests; and any other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold Life Time Fitness harmless against any and all claims brought by anyone against Life Time Fitness related to such injuries, harms, losses or damages.

I have thoroughly read, fully understand, and voluntarily accept all terms and conditions.

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Additional Adult Guest \_\_\_\_\_ Date \_\_\_\_\_

Signature of Additional Adult Guest \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY:

Guest Type	Prior Visit Date
<input type="checkbox"/> Buddy/ Member Privilege	Date: _____
<input type="checkbox"/> VIP Pass	Date: _____
<input type="checkbox"/> Web Pass	Date: _____
<input type="checkbox"/> Appointment/Personal Pass	Date: _____
<input type="checkbox"/> Walk-In/No Pass	Date: _____
<input type="checkbox"/> Paid Guest/Out of Town	Date: _____
<input type="checkbox"/> Other: _____	Date: _____

Have you been in contact with anyone regarding membership?  Yes  No

If yes, was it by:

Telephone  Web Site  In Person

Do you recall the person's name? \_\_\_\_\_

Referred By: \_\_\_\_\_ Member ID: \_\_\_\_\_

Front Desk: \_\_\_\_\_ Member Advisor: \_\_\_\_\_

**GUEST VISIT PRIVILEGES ARE COMPLIMENTARY TO SAME GUEST, ONCE PER 60 DAYS**

# PARTICIPATION WAIVER



Participant First Name

Participant Last Name

Address

Telephone Number

Email Address

Emergency Contact

Contact Telephone Number

I, the undersigned ("Participant"), in consideration for Life Time Fitness, Inc. ("LTF") allowing my participation in a Life Time Fitness group event or birthday party (the "Programs"), agree to the following:

## WAIVER OF LIABILITY

Participant understands that although the facilities, equipment and services of LTF and the Programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Programs may result in injury. Therefore, Participant agrees to specifically assume all risk of injury for Participant while Participant is using any of LTF's facilities, equipment, services or participating in the Programs and hereby waives any and all claims or actions that may arise against LTF or its owners, employees, contractors, volunteers as a result of such injury. These risks include, but are not limited to: (1) Injuries arising from Participant's use of any equipment in connection with the Programs, whether occurring inside or outside of LTF, (2) Injuries arising from Participant's transportation to and from a site that is a part of the Programs, (3) Injuries or medical disorders arising from Participant's participation in the Programs, whether occurring within or outside of LTF, and (4) Actions taken or decisions made by LTF, its staff members, volunteers or chaperones regarding medical or survival procedures for Participant.

## ASSUMPTION OF RISK

Participation in the Programs naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk on behalf of Participant and agrees that LTF will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of LTF or anyone else using the facilities or participating in Programs. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (i) defend LTF against such claims and pay LTF for all expenses relating to the claims, and (ii) indemnify LTF for all obligations resulting from such claims.

I have read the Waiver of Liability and Assumption of Risk thoroughly and understand the terms. My participation in the Programs and my execution of the Waiver of Liability and Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:  
I, the undersigned parent or legal guardian of the Participant, hereby execute the foregoing Waiver of Liability and Assumption of Risk for and on behalf of Participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of the Waiver of Liability and Assumption of Risk. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless LTF for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Waiver of Liability and Assumption of Risk.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date