

GUEST

____ W
 ____ A ____ TYPE
 ____ OOT
 ____ GST FEE
 ____ GP ____ TYPE
 ____ GM

What are your interests?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Feel better | <input type="checkbox"/> Have more energy | <input type="checkbox"/> Lower stress |
| <input type="checkbox"/> Healthier lifestyle | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Weights |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Group Fitness | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Aquatics |

I accept full responsibility for my use of any and all apparatus, appliances facility privilege or service whatsoever, owned and operated by this Club at my own risk and shall hold this Club, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom.

By completing this form you agree that we may communicate with you by phone, or by using electronic communications such as email and text messaging. Your information will not be sold by Genesis Health Clubs.

Signature _____

____ Name _____ Age _____ Date _____

____ Address _____

____ City _____ State _____ Zip _____

____ Home Phone _____ Cell Phone _____ Work Phone _____

____ Guest of _____ Approved _____

____ E-mail Address _____

How did you hear about **GENESIS HEALTH CLUBS**?

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Drive By | <input type="checkbox"/> T.V. | <input type="checkbox"/> Friend/Family Member |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Previous Member |
| <input type="checkbox"/> Website | <input type="checkbox"/> Phone Book | <input type="checkbox"/> Employer |

This is my _____ visit to the club. I am interested in membership

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