



Homestead Fitness Center Enrollment Form

Company Name: _____

Contract Start Date: _____

EMPLOYEE: Last Name: _____ First Name: _____
Address: _____ City: _____ Zip: _____ Phone
Number: _____ DOB: _____ Email: _____

ADDITIONAL PERSON (LIVING AT SAME ADDRESS):

Last Name: _____ First Name: _____ DOB: _____

CHILDREN: (ALL DEPENDENT CHILDREN UNDER 21 YEARS OF AGE LIVING AT HOME. AGES 10-13 MUST BE WITH AN ADULT (18+) TO WORKOUT).

Last Name: _____ First Name: _____ DOB: _____

Last Name: _____ First Name: _____ DOB: _____

Last Name: _____ First Name: _____ DOB: _____

Last Name: _____ First Name: _____ DOB: _____

Child Workout Waiver: You (the member) agree that you are aware that your child is engaging in physical exercise, and you assume all responsibility for any injury that may result. You hereby agree to waive any claims or rights you might otherwise have to sue The Homestead Club Inc., Homestead Fitness Center, its employees or agents for injury to your child on account of these activities.

_____ Single: \$40.00/mo. +tax (\$43.52 including tax)

_____ Couple: \$60.00/mo. +tax (\$65.28 including tax)

_____ Family: \$70.00/mo. +tax (\$76.16 including tax)

*Based on Local sales tax. If the sales tax rate is increased, the amount of the monthly payment will change accordingly. All rates are subject to change.

Total Amount of payroll deduction with tax: _____

I authorize the total amount noted above to be deducted monthly from my payroll.

Waiver and Release:

You (member and/or guest) agree that you are aware that you are engaging in physical exercise, including the use of exercise machines, free weights, club facilities, personal training and instruction, swimming activities and use of spas and locker rooms, which could cause injury to you. You are voluntarily participating in these activities and assume all risk of injury to you that might result. You hereby agree to waive any claims or rights you might otherwise have to sue seller, its employees, or agents for injury to you on account of these activities. You agree and acknowledge that you have carefully read this Waiver and Release, and fully understand it is a release of liability. You further agree to release Homestead Fitness Center and The Homestead Club, Inc. from any liability for any loss or theft of personal property. Homestead Fitness Center will make no evaluation whether you or your guests are sufficiently fit for any exercise activities. You should always consult your physician before commencing a physical exercise program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease, or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen, or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Washington will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Fitness Member signature: Name: _____ Date: _____