

PARTICIPANT'S NAME - PLEASE PRINT CLEARLY - FILED BY LAST NAME

LAST , FIRST

PLEASE CIRCLE APPLICABLE SESSION:

FALL
Labor Day - Dec31

WINTER/SPRING
January 1 - midJune

SUMMER
midJune - Labor Day

NONMEMBERS MUST: PAY AT TIME OF REGISTRATION
-AND- SIGN WAIVER ON REVERSE **-AND-** HAVE CREDIT CARD INFORMATION ENCRYPTED IN THEIR GUEST ACCOUNT.

PHONE: _____
HOME CELL

GENDER: MALE FEMALE DATE OF BIRTH: _____

ADDRESS: _____
IF NONMEMBER

EMAIL: _____ CITY _____ STATE _____ ZIP _____

PARENT'S NAME (IF PARTICIPANT IS UNDER AGE 18) _____

Signature required below to process registration form.
 It is the responsibility of the registrant to know and abide by policies associated with the programs for which they are registered, including cancellation policies and program fees. By signing here I agree to this statement.

Signature _____ Date _____

*Use this form to register for all programs with the exception of:
 TOWER CLASSES, TENNIS PRACTICES AND JR. COMPETITIVE TENNIS*

DATE OF REGISTR'N	PARTICIPANT'S MEMBERSHIP STATUS AT TIME OF REGISTR'N	METHOD OF PAYMENT	PROGRAM NAME, MEETING DAY(S) -AND- TIME(S)	DATE(S) OF PROGRAM	STAFF INITIALS
	member <input type="radio"/> nonmember <input type="radio"/>	CTA (charge to account) <input type="radio"/> CREDIT CARD <input type="radio"/> CASH <input type="radio"/>			
	member <input type="radio"/> nonmember <input type="radio"/>	CTA (charge to account) <input type="radio"/> CREDIT CARD <input type="radio"/> CASH <input type="radio"/>			
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	member <input type="radio"/> nonmember <input type="radio"/>	CTA (charge to account) <input type="radio"/> CREDIT CARD <input type="radio"/> CASH <input type="radio"/>			

ALL NONMEMBERS MUST SIGN THIS WAIVER TO PARTICIPATE IN LIBERTY'S PROGRAMS.

PLEASE CIRCLE SESSION: *Fall* *Winter/Spring* *Summer*

RELEASE AND WAIVER

Please read and sign:

1. Guest's and Nonmember's Responsibility as to use of Club. You (guest) should consult with your physician before using our services and facilities. You understand and acknowledge that we have no expertise in diagnosing, examining, or treating any medical condition. You agree you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a threat to the health or safety of yourself or others, and agree you will use the facilities in accordance with all applicable public health requirements. It is your responsibility to consult with your physician to determine if any of these medical conditions do exist and, if so, whether such condition poses a direct threat to the health or safety of yourself or others. The club reserves the right, however, to make the final determination in this regard.

2. Waiver and Release. You (guest) agree that if you engage in any physical exercise or activity or use any club facility on the premises, you do so at your own risk. This includes, without limitation, your use of the locker room, pool, whirlpool, sauna, steamroom, parking area, sidewalk or any equipment in the health club and your participation in any activity, class, program or instruction. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury to you or the contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge us (and our affiliates, employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of our negligence. This Waiver and Release of liability includes without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) our improper maintenance of any exercise equipment or facilities, (c) our negligent instruction or supervision, and (d) you slipping and falling while in the health club or on the premises. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you have to bring a legal action to assure a claim against us for our negligence.

Signature _____ Date _____
(The signature of a parent or guardian is required if the participant is a minor.)

Program Registration

Registration for all programs is done through our Concierge Desk. Both members and nonmembers must complete a registration form, and nonmembers must pay upon registration. Registration is accepted as space is available. You will be notified if a program is full and we cannot accept your registration. We reserve the right to cancel a program at any time; any registered participants will be notified in the event of program cancellation.

Registration forms may be faxed **-however-** faxing a registration form does not guarantee enrollment. Faxed forms will be processed Monday-Friday. You will receive a confirmation call, along with your registration status once your form has been processed. Please direct questions about faxed registration forms to Program Director, Kim Brodie, at 734-665-3738 ext. 57.

Payment

Members: We will automatically bill programs and services to member accounts unless we receive an alternate method of payment before the program begins.

Nonmembers: Nonmembers must pay at the time of registration, **and** provide valid credit card information to keep on file (encrypted in our system). Liberty accepts nonmember payment by cash, Mastercard, Visa or Discover. *Eff. 7/1/09, we no longer accept nonmember checks.*