

## 2019 Individual and Family Guest Registration Form: Arthur & Gloria Muselman Wellness Pavilion

Welcome to the Arthur and Gloria Muselman Wellness Pavilion! We are happy you are here. To help us ensure a safe facility, please fill out the form below.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ How did you hear about us?  Radio  Newspaper  Television  Website/Internet  
 Family/Friend: \_\_\_\_\_ (name)  Other (specify): \_\_\_\_\_

### **Adult #1 (Please Print)**

Name \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

### **Adult #2**

Name \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

### **Dependents**

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender: M F

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender: M F

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender: M F

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender: M F

Relationship \_\_\_\_\_

### **EMERGENCY CONTACTS**

#### **Contact #1**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Contact #2**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

NOTE: Dependents must live in the same household for Family Guest Pass. Individuals <18 require a Legal Guardian/Parent Signature to use the facility

### **Guest Agreement/Waiver**

The undersigned guest(s) and dependents agree to abide by the rules and policies of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc.

The undersigned guest(s) and dependents agree that all use of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc.'s facilities, services and programs shall be undertaken at his/her/their sole risk and the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. shall not be liable for any injuries, accidents, or deaths occurring to guest or dependents, arising either directly or indirectly out of utilizing the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc.'s facilities, services and programs. The guest(s) and dependents, for him/herself/themselves and on behalf of his/her/their executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc., its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc.'s facilities, programs and services.

The undersigned guest(s) and dependents declare physical ability to participate in physical activity. Furthermore, guest(s) and dependents declare that the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. has advised guest(s) and dependents to obtain a medical clearance if guest(s) and dependents is/are unsure of his/her/their physical health. Guest(s) and dependents maintain physically capable of pursuing physical activity in the Wellness Pavilion without a medical clearance or have received a medical clearance.

**Adult #1:** \_\_\_\_\_ **Adult #2:** \_\_\_\_\_

**Legal Guardian/Parent Signature (if participant under 18):** \_\_\_\_\_