

# Welcome Miramont Lifestyle Fitness Youth Guest under 18



**MIRAMONT**  
LIFESTYLE FITNESS

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email \_\_\_\_\_ Guest of \_\_\_\_\_

I am applying for admission as a guest to Miramont Lifestyle Fitness. I understand that participation at a health club facility is a potentially hazardous activity. I am aware that it is advisable to consult a physician prior to participating in health club activities. I accept all the risks of participating in health club activities, even if they are created by the carelessness or negligence of Miramont Lifestyle Fitness, its employees, volunteers, agents, independent contractors, contract-employees and any other personnel assisting or connected with Miramont Lifestyle Fitness. I fully release, discharge and waive any Claims I may have, now or in the future, against Miramont Lifestyle Fitness, its owners, employees, volunteers, agents, independent contractors, contract employees or any other personnel in any way assisting at Miramont Lifestyle Fitness, even if Claims are based on the carelessness or negligence of the released party or anyone else. I agree not to sue the released parties for Claims, even if the Claims arise from the carelessness or negligence of a released party or anyone else. I grant my permission to Miramont Lifestyle Fitness to utilize any photographs, motion pictures, video tapes, recordings and any other references or records of Miramont Lifestyle Fitness activities that may depict, record, or refer to me for any purpose including commercial use by Miramont Lifestyle Fitness. No warranties or representations have been made to me about the activities at Miramont Lifestyle Fitness and I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnify as is permitted by the laws of the State of Colorado. If the guest is under 18 years of age, the parent agrees to the following statements: as a parent or guardian of the participant, I authorize the child to participate. I also join the statements and agreements made by the released parties in this document. I also agree that, in the event the participant or anyone acting on his or her behalf should make any Claims, I will provide the indemnity and hold harmless the released parties described above.

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

Parent's / Guardian's Signature (if you are under 18)

Parent print name \_\_\_\_\_

Office use only

Entered in CSI Initial \_\_\_\_\_

Guest type:

In Town Guest  Non-Member Program  
 Out of Town Guest  Prospect

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