Fitness Center Member Information

HUTCHINSON METRO CENTER
1200 Waters Place • Bronx, NY

Name: _____

❑ Male ❑ Female Membership # _____
(Mgmt Use Only)

Date of Birth: _____ / _____ / _____
Month Day Year

Company: _____

Business Phone: _____ Ext. _____

Home Phone _____ email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

In the event of an emergency, please contact the following individual:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Alt Number *_____

Relationship: _____

Signature: _____ Date: _____

*For all Alt. Numbers please specify whether numbers are cell, work, pagers, etc.

WAIVER

I, _____ , know that using the Hutchinson Metro Center Fitness Facility is a potentially hazardous activity. I agree not to exercise unless I am in excellent physical condition. I am voluntarily using this facility to exercise and assume all risks associated with such an activity, including, but not limited to, all bodily injury that may result from use of the exercise equipment. Having read this Waiver and knowing these facts, and in consideration of Hutchinson Metro Center's acceptance of my membership, I, for myself and anyone entitled to act on my behalf, waive and release the Hutchinson Metro Center, Hutch Realty Partners, LLC, Simone Development Company, LLC, and all other companies and subsidiaries associated with the Hutchinson Metro Center, its agencies and departments, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my voluntary fitness center membership, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities.

X _____ _____
Signature Date