

Thanks For Checking Us Out

Must be 18 to sign in or accompanied by parent/guardian that must sign in for you.

Name: _____ Date Of Workout _____ Time _____
Address: _____
_____ I am a guest of _____
Phone Number: _____

Would you like PACE Fitness Zone to contact you regarding membership information? Yes No

Waiver of Liability: By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed. My signature below is my liability waiver for todays workout and any other workouts as a guest at PACE Fitness Zone.

Guest Signature (Required) Date Time

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