

GUEST PASS REGISTRATION AND AGREEMENT



22 South Church Street
Vilonia, AR 72173
(501) 796-4343
www.pacefitnesszone.com

3 DAYS FOR FREE: \$15 cash deposit for access key for 3 consecutive days (72 hours). If you decide to not join, you have up to 30 days to return your access key for a refund. NO REFUND AFTER 30 DAYS FROM DATE OF ISSUE. One 3 day pass is allowed in a 12 month period. Local driver's license or proof of local residence required. Access keys are not transferable.

Receipt of \$15 cash deposit by PACE staff member _____ Date _____

3 DAYS FOR FREE: PAYMENT WITH CREDIT OR DEBIT CARD: Payment for access key with credit or debit card will purchase the key and payment will not be refunded. All other conditions are the same as above.

DAY PASS WITH GYM MEMBER: PACE members may bring a guest at no cost during staffed hours only. Guests must register with a staff member for each visit.

\$5 PER DAY: One time purchase of access key at \$15 + tax is required. Guests may purchase any number of consecutive days with unlimited access at \$5 per day + tax. Access keys are not transferable.

Each of the above options require guest profile establishment on PACE member management software and a copy of drivers license or other photo ID. Once a profile is established, future visits will rely on the same online profile but this form will need to be completed each time.

By signing this form, I accept responsibility for any abuse or intentional damage to the building and any of its contents and I agree with the terms of this guest pass with the understanding that in addition to this agreement, I further agree to all conditions of PACE members.

Under no circumstances is a guest of PACE Fitness ever allowed access to the gym without the competition of this form!

Access keys are not transferable!

GUEST ASSUMPTION OF RISK AND RELEASE:

I understand the risk of injury from CLUB activities and using any CLUB equipment is significant, including the potential for permanent paralysis and death. I KNOWLINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an UNSUPERVISED FITNESS CENTER and I assume all risks associated with using exercise equipment and exercising alone without the aide and presence of CLUB staff on the premises. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CLUB (PACE FITNESS ZONE, LLC.), AND ABC FITNESS SOLUTIONS, their respective owners, officers, affiliates, agents and employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct any sponsored event (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES or otherwise, that may arise out of or in connection with my using any of the equipment or the facilities of the CLUB or any incident that occurs while using the CLUB'S facilities or engaging in CLUB activities on or off the premises or otherwise related to my CLUB GUESTPASS.

I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the state of Arkansas and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the CLUB is relying on this release in agreeing to enter into this Agreement.

CHILD CARE RELEASE:

I release PACE Fitness Zone, its owners, employees, and all others from any and all responsibilities or liabilities from injuries or illnesses to my child or any minor that I have brought into the fitness center. I acknowledge that the safety of my child (children) is solely my responsibility.

If guest is a minor, parent or legal guardian must sign below.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Address: _____

Street

City

State

Zip Code

Primary Phone _____ email _____

1. Guest's Printed Name _____ Signature 1. X _____ Date X _____

2. Parent or Legal Guardian
Printed Name _____ Signature 2. X _____ Date X _____