



Welcome to the
LOUISBURG ATHLETIC CLUB

BE OUR GUEST FOR 7 DAYS!

This guest pass entitles you to be our guest for 7 days during our normal business hours.
Please bring this signed form to the front desk before working out.

Begin Date: _____ End Date: _____

First Name _____ Last Name _____

Have you been here before? Yes _____ No _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ WorkPhone/CellPhone _____

E-Mail _____ Age _____ Male _____ Female _____

Birthdate _____ Barcode _____

How did you hear about the Louisburg Athletic Club?

_____ Referred by _____

_____ Newspaper

_____ Direct Mail

_____ Drive-By

_____ Price Chopper Receipt

_____ Other

24 HOUR NOTICE AND WAIVER

I accept responsibility for the use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at this club at my own risk, and shall hold this club, its shareholders, directors, officers, employer's representatives and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.

I understand that I must be 18 years of age to workout, otherwise a parent/guardian must be present and sign authorizing permission.

I understand the Louisburg Athletic Club operates 24 hours a day. The club may not be staffed for a portion of this time including Sundays, Holidays, and certain hours of the day and night.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____