



# Non-Member Participation Form

Date

### Primary Adult

**First Name\***     **Middle Name**     **Last Name\***  
 **Date Of Birth\***     **Gender Identity\***     **Race**  
 **Primary Phone\***     **Email\***  
 **Emergency Contact First Name\***     **Emergency Contact Last Name\***     **Emergency Contact Phone\***  
 **Primary Adult Address Line 1**     **Primary Adult Address Line 2**  
 **City**     **State**     **Zip**     **Cell/Other Phone**     **Allow SMS Text?**

### Youth or Other Household Members

**First Name**     **Middle Name**     **Last Name**  
 **Date Of Birth**     **Gender Identity**     **Race**  
 **Primary Phone**     **Email**

**First Name**     **Middle Name**     **Last Name**  
 **Date Of Birth**     **Gender Identity**     **Race**  
 **Primary Phone**     **Email**

**First Name**     **Middle Name**     **Last Name**  
 **Date Of Birth**     **Gender Identity**     **Race**  
 **Primary Phone**     **Email**

**First Name**     **Middle Name**     **Last Name**  
 **Date Of Birth**     **Gender Identity**     **Race**  
 **Primary Phone**     **Email**

### How do you plan on using the facility today?

Fitness Center    Aerobics    Pools    Gymnasium    Racquetball    Spin/TRX/Barre Fusion    Other \_\_\_\_\_

### Do you plan on visiting again?

Yes    No    Maybe

### Are you interested in a membership?

Yes    No    Maybe

# Participant Waiver, Release, Indemnification of All Claims & Covenant Not To Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in George Marston Whifin Memorial Community Association, Inc. ("WCC") Activities and Programs, now or at any time in the future.

## Acknowledgment of Risk

I hereby acknowledge and agree that participation in WCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with wellness program or exercise participation, including but in no way limited to: (1) slips, trips, and falls; (2) aquatic injuries; (3) athletic injuries; and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with WCC activities and that said list in no way limits the operation of this Agreement.

\_\_\_\_\_  
Initial Members or guests 16 and under must complete an orientation through all fitness equipment by appointment with our Fitness room staff prior to using the Fitness room.

## Illness Warning & Disclaimer

Many illnesses including the Coronavirus, COVID-19, can be extremely contagious and spread easily through person-to-person contact. Federal and state authorities recommend social distancing, masks, and frequent hand washing as means to prevent the spread of viruses. Such illnesses can lead to severe symptoms, personal injury, permanent disability, and death. Participating in WCC programs or accessing WCC facilities could increase the risk of contracting illnesses. WCC in no way warrants that infections will not occur through participation in WCC programs or accessing WCC facilities.

\_\_\_\_\_  
Initial

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in WCC activities or programs, I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE WCC, any and all of its current or former officers, directors, employees, volunteers, agents, representatives and insurers (the "Released Parties") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against WCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of WCC facilities/equipment or participation in WCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the Released Parties.

In consideration of my participation in WCC activities and my entry upon WCC premises, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in WCC activities or my entry upon WCC premises.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in WCC activities and program participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in WCC activities and that by signing this agreement I HEREBY RELEASE the Released Parties from all liability for such loss, damage, or death. I certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in activities at the WCC.

\_\_\_\_\_  
Initial I hereby certify that my date of birth on file is correct, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian  
**(Must be signed by parent/guardian if  
participant is under 18 years of age)**

\_\_\_\_\_  
Participant Name (Print Clearly)