Wheaton Sport Center
*Your Neighborhood Club*

# GUEST REGISTRATION

ALL GUESTS
AGE 16 & BETTER
MUST PRESENT
A DRIVER'S LICENSE
TO BE PHOTOCOPIED
EACH VISIT

**TODAY'S DATE**

**FIRST NAME** **LAST NAME**

**ADDRESS** **BIRTHDATE**

**CITY** **STATE** **ZIP CODE**

**EMAIL ADDRESS**

**PHONE**

**GUEST'S SIGNATURE** **DATE**

**WAIVER:** I hereby, for myself and heirs, waive and release, to the fullest extent permitted by law, any rights, claims and causes of action I may have or hereafter acquire against the Wheaton Sport Center and/or its representatives, successors and assigns for any and all losses, damages or injuries which may be suffered by me, my family, my guests, in conjunction with any equipment, activity, lessons, programs, leagues, tournaments, or special events. I hereby agree to assume the risk of all such losses, damages and injuries during this and all subsequent visits to the Wheaton Sport Center. I am aware of the possible risks inherent in the nature of the activities provided at the Wheaton Sport Center. The Wheaton Sport Center does not provide medical insurance covering injuries of any nature incurred at the Center.

## MEMBER'S INDEMNIFICATION OF WHEATON SPORT CENTER

I PRINT NAME , a member of Wheaton Sport Center, agree to indemnify Wheaton Sport Center and/or its representatives, successors and assigns for any and all losses incurred as a result of my guest being admitted to Wheaton Sport Center. Such losses shall include, but shall not be limited to, damage to equipment, claims against Wheaton Sport Center as a result of injuries to the guest or injuries to others as a result of the guest's actions, and reasonable attorneys fees incurred by Wheaton Sport Center as a result of any such claims.

SIGN NAME

**MEMBER'S SIGNATURE** **DATE**

**# OF VISITS**

RECEPTION STAFF: RECEIVED BY:
FEE COLLECTED DATE:
GUEST PASS TIME AM/PM

RECEPTION STAFF: PROCESSED BY:
DATE:
GUEST NUMBER#