

BOM FITNESS GUEST PASS

\$2.00/DAY

This form is only required once annually. Returning guests may use the sign-in sheet provided.

PLEASE PRINT

Last _____ First _____ Primary Phone #: _____
Home Address _____ City _____ State ____ Zip _____
Best Email To Reach You At _____
Emergency Contact (Last) _____ First _____ Tele# _____
Date(s) Using the Facility _____
Guest Of _____
Total Fees (\$2.00/day) _____ CHECK/CASH

PLEASE REVIEW FACILITY RULES POSTED. YOUR SIGNATURE INDICATES AN UNDERSTANDING OF AND AGREEMENT TO THESE RULES.

All exercise and participation is done at the risk of the participant and BOM Fitness is not liable to personal injury, theft, or loss of property. Activity is monitored by video camera(s).

By signing this agreement, the guest understands and agrees to waive their rights and rights of their heirs, administrators, executors, successors and assigns to all claims arising out of the use of the premises including, but not limited to personal injury, including bodily injury and death, and all property damage.

Iowa law provides that any person, who knowingly exposes another to infection from any communicable disease, is liable for all resulting damages and is guilty of a simple misdemeanor. All applicants certify by signing their application that they are free of communicable disease that would constitute a direct threat to the health or safety of others.

Signature of Participant or Guardian _____ **Date** _____

Guardian Printed Name _____