



# Day Guest Pass Form

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First Name Last Name DOB

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Home Address

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City State Zip Code

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Phone Number

**Resident's INFO:**

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First Name Last Name

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Address Phone Number

Staff Initials: \_\_\_\_\_

Conditions of Membership

I acknowledge that participation in aerobics and other exercise, weight training, sports, use of pools, spas, saunas, steam rooms, and any fitness equipment carry a potential risk of injury and/or illness. I further acknowledge the Meridian Services Metropolitan District assumes no responsibility for any such injury or illness. I also understand the Meridian Services Metropolitan District provides accident or health insurance for its members or participants and it is my responsibility to provide such coverage for myself and family. I hereby release the Meridian Services Metropolitan District an, its agents, servants, and employees from any and all claims for injury, illness, death, loss, or damage which may result from participation in any such activity or program. I acknowledge the Meridian Services Metropolitan District is not responsible for personal property lost, damaged or stolen while using the facilities or participating in programs on Meridian Services Metropolitan District Property including but not limited to off-site locations, District buildings or facilities, parking lots, or garages. I hereby give permission for the Meridian Services Metropolitan District to use, without limitation, obligation, or compensation, film footage, tape recordings, and/or photographs which include the member's image or voice for purposes promoting or interpreting. I also acknowledge the Meridian Services Metropolitan District reserves the right to suspend or cancel membership without refund because of any behavior conflicting with the rules, policies and regulations of the Meridian Services Metropolitan District.

Member Acceptance

I have read and understand the conditions of membership as stated above and further understand my signature represents the agreement of myself and all persons named on the opposite side form under 18. It is required that all persons over 18 read and sign this form prior to receiving membership cards and/or utilizing facilities. I am hereby aware of facility age requirements and guidelines not stated on this form and agree to abide by such guidelines.

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Signature of Resident

Date

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Signature of Guest

Date