

MARATHON WELLNESS CENTER
Membership Registration

Name (please print): _____

Street Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____ / ____ / ____ Age: ____

Fee Charged: \$10 \$20 \$30

WAIVER INFORMATION

I understand that I am responsible for monitoring my own condition throughout my personal exercise program and should any unusual symptoms occur, then I will cease my participation.

I agree to hold harmless the Marathon School District and its staff members from any and all claims that may result from my injury or death, accidental or otherwise, during or arising in anyway.

Signature

Date

To be completed by Wellness Center Coordinator:

Card # _____