

**Summit Athletic Club Guest Registry & Waiver**  
**(WRITE LEGIBLY PLEASE)**

<b>Guest Name:</b>	<b>Email Address:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>What brought you into Summit today?</b> <input type="checkbox"/> Social media <input type="checkbox"/> Email <input type="checkbox"/> Noticed the Club <input type="checkbox"/> Radio Ad <input type="checkbox"/> Mailer <input type="checkbox"/> Health & Wellness Magazine <input type="checkbox"/> Website 1 day pass <input type="checkbox"/> Summit Rock Shirt <input type="checkbox"/> Staff Referral: _____ <input type="checkbox"/> Member: _____	
<b>D.O.B.:</b>	<b>Street Address:</b>
<b>City, State, Zip:</b>	
<b>Reason you are here:</b>	

In consideration of being allowed to participate in activities, programs, and related events at any Summit Athletic Club location, I the undersigned, acknowledge, appreciate, and agree that: The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation. I acknowledge that this may be an unsupervised facility, and I assume all risks associated with activities, programs, using exercise equipment and exercising alone without the aid and presence of Summit Athletic Club staff on the premises. I agree that I will not engage in any type of commercial or business activity while using the facilities. I will not act as a trainer for any other members or guests and any acts which constitute such business activities are strictly forbidden. If I engage in such commercial or business activities, I will be subject to immediate dismissal from all Summit Athletic Club facilities. I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, St. George Healthy Living, LC DBA Summit Athletic Club, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I also consent and give permission to Summit Athletic Club to photograph or record me in connection with the above activities/programs. I understand that any such media and all rights associated with them, will belong solely and exclusively to Summit Athletic Club, which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet. I voluntarily waive any and all rights with respect to any such media, including compensation, copyright, and privacy rights and any right to inspect or approve such media and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, Summit Athletic Club, its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such media and/or their use. I authorize SAC to contact me at phone numbers and email addresses I provide to SAC. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of Utah and if a portion of this release is held invalid, the balance shall remain in full force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant's Signature

Age

Date

**For Parents/Guardians of Participants of Minor Age (Under Age 18 at time of Registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature

Date

Emergency Phone Number

Parent/Guardian Printed Name

**NOTE! This Section Is For Summit Staff Use Only**

<b>Entered Into ABC By:</b>	<b>Date:</b>	<b>Time:</b>
<b>Notes:</b>		