



GUEST PASS

Access Fitness invites you to come in and enjoy a **ONE FREE DAY** Guest Pass to redeem at your local

Access Fitness Club!!

Name _____ Age _____

Address _____

City/State/Zip _____

Phone# _____ Email Address _____

Access Fitness urges all members and guests to obtain a physical examination from their physicians prior to the use of any exercise equipment and/or cardiovascular activity. In recognition of the possible dangers connected with any physical activity, I hereby knowingly and voluntarily waive my right or cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to Access Fitness, its officers, agents, employees, or trainers. I further understand that Access Fitness shall not be responsible for any theft or loss of property while on the premises, including the parking lot.

Signature: _____ Date: _____

****GUEST PASS REDEMABLE ONLY DURING STAFFED HOURS****