



FREE WEEK
REGISTRATION FORM
For Suffolk County Residents Only
Valid Identification Required at Front Desk

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

RELEASE FORM AND ASSUMPTION OF RISK

In consideration of the services of Ultimate Fitness East, hereinafter collectively referred to as "UFE", their agents, owners, officers, employees, subcontractors, trainers and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge UFE, on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that the use of the UFE facility and activities I intend to engage in poses known risks and unanticipated risks which could result in injury. I expressly agree and promise to accept and assume all of the risks associated with the use of the UFE facility.
2. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify UFE from any and all liability, claims, demands, actions or rights of action, which are related to arise out of, or are in any way connected with my use of the UFE facility.
3. Should UFE, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
4. By utilizing the UFE facility, I am bound by the same rules and regulations that govern the use of the facility as it paying members. I understand and take full responsibility for my actions as if I were a paying member, and I understand that this Free Week Pass can be revoked at anytime without notice and that this pass holds no cash value whatsoever. The Free Week Pass is for New Prospective Members only and is not transferrable or renewable. I understand that I will be allowed to utilize the UFE facility for seven (7) consecutive calendar days only with this pass.
5. By signing this document, I acknowledge that if I sustain any injury or my property is damaged during my use of the UFE facility, I may be found by a court of law to have waived my right to maintain a lawsuit against UFE on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature: _____

Print Name: _____ Date: _____