

SPARTA ATHLETIC CLUB

115 Sparta Avenue  
Sparta, NJ 07871  
(973) 729-9141

Membership Trial Agreement Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Ten Block Pass: \_\_\_\_\_ Day Visit: \_\_\_\_\_ New Homeowner: \_\_\_\_\_

The undersigned (hereinafter referred to as "Guest") hereby agrees that he/she is a visitor of the Sparta Athletic Club (hereinafter referred to as "SAC"). He/She agrees and understands that all of such use present and future, is with the following understanding and upon the following terms and conditions.

Guest (and Guest's parent or guardian if Guest is under the age of 18 years) acknowledges that SAC has not made and does not make any claims as to medical facilities or exercise programs. Guest also acknowledges that SAC has not suggested nor given, and will not suggest or give medical or physical or other advice or treatment to Guest for any purpose including that of correcting or alleviating any physical condition or preventing the development of any physical disability or otherwise to guest. It is expressly agreed that all exercise and use of all facilities shall be undertaken by Guest as Guest's sole risk and SAC is not responsible for or shall be liable for any claim, demand, injuries, damages, actions, or causes of actions, whatsoever, to person or property, arising out of or connected with the use of the services or facilities of SAC including those arising from acts of active or passive negligence on the part of SAC, its' servants, agents, or employees. Guest (and Guest's parents or guardian if Guest is under 18 years) docs hereby expressly forever release and discharge SAC, its officers, agents and employees from all such claims, demands, injuries, damages, actions, or causes of action. If notwithstanding such release, Guest should institute suit against SAC, its' agents, officers or employees, Guest shall be responsible for all costs and expenses incurred by SAC or its agents, including legal and court expenses and the expense of lost time of SAC agents and employees.

Guest (and Guest's parent or guardian if Guest is under 18 years) further acknowledges that SAC may, and does, rely upon Guest's own representation that he/she is medically and otherwise fit to enter into an exercise program using SAC facilities and that Guest has consulted with, and will continue to consult with, his/her own physician regarding his/her own medical fitness to enter into, and continue with, and exercise program relating directly to the use of SAC facilities or programs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian if under 18 years old)

Guest of Member: \_\_\_\_\_ Member #: \_\_\_\_\_