

Membership Application



Gymnation Tapanui

Individual membership

Name

Email address

Street address

Street address line 2

City

Zip code

Cellphone number

Start date:

duration of membership

Partner membership

partner 1

partner 2

Primary contact name

Primary contact email

Street address

Street address line 2

City

Zip code

Cellphone number

start date:

Duration of membership

**Family membership membership (\$100 for 2 adults + 2 children)
(+ \$10 for additional children)**

Name (primary member)

Second person

Street address

Third person

City

Fourth person

Cellphone number

Email address

Start date:

I understand and I am aware that exercise, including the use of equipment, is a potentially hazardous activity. I also understand that exercise and fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment with the knowledge of the dangers involved.

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness that would prevent my participation in an exercise or use of exercise equipment

Signature: