

ONE WEEK FREE PASS For 180 Fitness classes ONLY

*EXPIRES 3/31/2014

Please print this form and bring it with you to our studio with a valid ID.

| Address: | | |
|--|--------------|-------------|
| City: | State: | _ Zip Code: |
| DOB: | Male | _ Female |
| Cell Phone: | Home Phone:_ | |
| Email: | | |
| How did you hear about us: | | |
| | | |
| By checking below I accept responsibility for my use of any all equipment, appliances, facility, privilege, or service whatsoever, owned and operated at this fitness studio at my own risk, and shall hold this club, its shareholders, directors, officers, employee representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting there from. | | |
| ☐ Accept Signature | | Dated |
| | | |

Date:

Time:

This section for 180 Fitness Use Only: