



FITNESS HUB STUDIOS
 312 Clematis Street
 West Palm Beach, FL 33401
 Phone: 561-408-0885, Fax: 561-408-0875

MEMBER NUMBER: _____

MEMBER CONTACT FORM

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____ Type: Home Mobile

Address 1: _____

Address 2: _____

City: _____ State: _____ Postal Code: _____

Gender: (Select one) Female Male Birthday: _____

Referral Type: Another Client Flyer Internet Newspaper Radio Yellow Pages

Other _____

Reasons For Visit/Class Attending Today: _____

WAIVER, RELEASE AND INDEMNIFICATION

Member understands and agrees that the use of all Fitness Hub facilities is at Member's risk. Member waives, releases and indemnifies Fitness Hub from any claims by Member or their guests for any injury, damage or loss of life in connection with their membership with Fitness Hub and the use of Fitness Hub facilities.

 Print Name (Member)

 Print Name (Fitness Hub Representative)

 Member Signature

 Date

 Fitness Hub Representative Signature

 Date