

DavidShields' Wellness Program Fitness Club Reimbursement

Issue to: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Group#: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

I acknowledge that I have agreed to participate in a fitness program I have chosen at my own risk, and that I have voluntarily agreed to participate in the DavidShield Fitness club Reimbursement program. I understand that DavidShield waives all liability and shall not be responsible, nor held liable by me or heirs and successors, for any injuries or damages of any kind in any way arising out of my enrollment or participation in the fitness program I have chosen

Member's signature: \_\_\_\_\_

The above – mentioned member has completed 60 visits at:

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Club Management signature:

Date: \_\_\_\_\_  
Title: \_\_\_\_\_