

MEMBER #: _____

INSURANCE # _____



GOVGUAM
INSURANCE
MEMBERSHIP
CY2022
TakeCare 100%
Calvos 50% off

MEMBER'S INFORMATION *(print)*

NAME _____ MALE FEMALE
(Last) (First) (M.I.)

BIRTHDATE _____ AGE: _____

DRIVER'S LICENSE #: _____ SSN: _____

MAILING ADDRESS: _____

PHONE # (Home) _____ (Work) _____ (EXT.) _____

(Mobile) _____ E-MAIL: _____

EMPLOYER: _____ POSITION: _____

IN CASE OF EMERGENCY, CALL: (Name) _____

(Relation) _____ PHONE #: _____

"NOTICE" In regards to the use of CrossFit Hita's facility and Exercise equipment, the Member does hereby release, discharge, waive, and agree not to sue CrossFit Hita, its franchise, its owners, employees, officers, agents, or any personal trainer authorized by CrossFit Hita, to provide services to the undersigned Member. I the Member understand that there are certain risks involved with using exercise equipment or participating in the physical activity classes. I assume all risks associated with all exercise equipment, programs, classes and personal trainer. CrossFit Hita or its franchise shall not be liable to me for any type of claims, injuries, damages, demands, or actions that arise from any type of injury in connection with the facility. I acknowledge and agree that my dependent(s) and I are participating voluntarily at our own risk. I acknowledge, accept and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that I or my dependent(s), whether known or unknown, which might contribute to or exacerbate an injury I or my dependent(s) might sustain as a result of using CrossFit Hita facility or any of its equipment. I acknowledge and agree that if medical assistance(of any form, including emergency care, hospitalization, out-patient care, and/or physical therapy) is required or performed as a result of any injury I or my dependent(s) sustains while using CrossFit Hita's facility, such assistance shall be at my own expense. _____ (Initial)

*You can email completed forms at crossfithita@hotmail.com

Member's Signature: _____ Date: _____

Fitness Attendant's Signature: _____ Date: _____

Call us now:
671-989-2448



CROSSFIT.HITA



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crossfithita@hotmail.com