

**GLASSBORO WELLNESS CENTER MEMBERSHIP
AGREEMENT TO POLICIES/LIABILITY WAIVER FORM**

My signature on this form indicates agreement to abide by the policies set forth in this document and any further policies developed throughout the term of this membership.

My signature on this form also indicates that I am not under restriction by medical professional regarding exercising using equipment such as that in the Glassboro Wellness Center.

I/We release the Glassboro School District, the Glassboro Wellness Center, and its supervisors of liability in case of injury or accident and agree to allow Wellness Center personnel to obtain medical treatment for the member listed below should it become necessary.

Failure to abide by these policies may lead to temporary or permanent suspension of membership privileges without membership fee refund.

Signature of Member Date

Signature of Parent/Guardian if Member is under 18 years of age Date

Member Name: _____ Gender: M / F

Address: _____ Age: _____

City, State Zip: _____ Phone: _____