

HIT NE Registration

Heart Interval Training

September 12 – October 19



Please print clearly

Name: _____ Member Barcode: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Tuesday & Thursday 8:30-9:30am \$160 Member

PAYMENT DATE: _____

Credit Card _____ Cash Check _____

CVC Code _____ Expiration _____

All Personal Training monthly fees are charged to your GLAC membership account

There is an inherent risk of injury in the use of or presence in Great Lakes Athletic Club, the use of its equipment, services, and participation in its programs. Whether such participation occurs at the facility or in supervised or unsupervised activities sponsored or endorsed by GLAC at a specified or unspecified location. I understand and fully accept this risk for myself and shall hold this club, its shareholders, directors, officers, employers, representatives and agents harmless from any loss, claim, injury, damage or liability sustained or incurred by me resulting there from. In the event of an emergency, I give my permission to GLAC to secure all necessary and required medical treatment for myself or the named participant on this document and/or any accompanying or attached documents. Refunds will not be issued for cancellations initiated by the participants in any GLAC sponsored programs, service, or sponsored or non-sponsored event.

Signature: _____

Date: _____

I hereby authorize and release with permission, specific photo(s) for use by GLAC.