

GUEST REGISTRATION

Name: _____

Phone (cell) _____ Phone (home/work): _____

Email Address: _____

Address: _____ City: _____

State: _____ Zip: _____

Company: _____

I am a guest of/referred by: _____

Have you been to the club before? Yes No If yes, how many times? _____

Have you been a member at our club previously? _____ If yes, when? _____

Check your primary areas of interest:

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Weight Training | <input type="checkbox"/> Pilates/Yoga |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Special Programming | <input type="checkbox"/> Group Cycling |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Wellness Classes | <input type="checkbox"/> Court Sport _____ |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Tennis | <input type="checkbox"/> Kids Camps |
| <input type="checkbox"/> Sport-Specific Training | <input type="checkbox"/> Childcare | |
| <input type="checkbox"/> Cardiovascular Workouts | <input type="checkbox"/> Running/Walking | |

How did you hear about the club?

- | | | | | |
|--------------------------------------|------------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Newsprint | <input type="checkbox"/> Radio | <input type="checkbox"/> Magazine | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Billboard | <input type="checkbox"/> TV | <input type="checkbox"/> Internet | <input type="checkbox"/> Other |

Are you 18 years of age or older? Yes No

What is the best way to contact you about membership information?

- Email Mail Work phone Home phone Cell phone

I understand and agree that using the facilities, classes, training and equipment Starmark Holdings, LLC ("Starmark"), and any of its owners subsidiaries, employees, agents and contractors (collectively, "Club"), I do so at my own risk. Club shall not be liable for any damages arising from personal injuries sustained in, on or about Club premises, and I hereby fully and forever release and discharge Club, its owners and employees from any action of cause of action resulting from or arising out of my presence at or use of Club.

WAIVER AND RELEASE OF ELECTRONIC MEDIA – I, on behalf of myself, heirs, successors and assigns, and on behalf of my children wards, family members and guests (collectively, "Releasers"), recognize, acknowledge and grant permission for Starmark, and/or anyone acting with its authority, to make, take, and use still photographs, motion picture, video, sound recordings, and/or testimonials, in any form including but not limited to edited or unedited form (collectively, "Media") of Releasers for any purposes Starmark deems, or may deem appropriate. Releasers hereby release, hold harmless and discharge Starmark, and/or anyone acting on its authority, from any and all liability (including but not limited to any and all claims for defamation, invasion of privacy, and false light), arising from, or in any way related to the Media, and waive any right to remuneration or compensation (including but not limited to royalties) or other consideration for taking making, and/or use by Starmark of the Media, and hereby assigning all right, title and interest in the Media to Starmark.

I hereby consent to receive future calls, text messages, and/or short message service ("SMS") calls (collectively, "Calls") that deliver prerecorded or prewritten messages by or on behalf of Wellbridge to me. Providing consent to receive such Calls is no a condition of purchasing any goods or services from Wellbridge. I understand that I may revoke this consent by following the 'opt-out' procedures presented upon receiving a Call.

Emergency Contact: _____ Phone: _____

Signature: _____ Date: _____

Date of Birth: _____ Membership Representative: _____