



WELCOME TO THE VALLEY!

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip: _____ Email: _____

Phone:(h) _____ (w) _____

Profession: _____ Age: _____

How did you hear about The Valley?

- Phone Book
- Newspaper
- Guest Pass
- Valley Member, name: _____
- Other: _____
- Mailer _____
- Event _____
- Corporation _____

Have you been a member of a club before?

Y N If yes, which club? _____

What are your goals?

- Weight Loss
- Muscle Mass/Strength
- Cardiovascular Conditioning
- Recreation
- Social
- Sports Specific-Which Ones? _____
- Other _____
- Stress Management
- Firming and Toning

Guest Waiver: All exercise and use of the Valley facilities shall be at my sole risk. I agree to hold the Valley Athletic Club, it's employees, agents, and officers harmless for any injuries, damages, or loss of property I may experience while visiting. I understand there are certain risks inherent in physical activity. I will seek the advice of a physician before exercising. (VAC-A Limited Liability Company)

Signature

STAFF

w/in Appt G.G. yth OOT GP F _____