



OPTIMUM WELLNESS CENTER

Wellness Center
2724 5th St W Suite A
Lehigh Acres, FL 33971
Phone: (239) 303-9100
Fax: (888) 803-9101

NON-MEMBER WAIVER

Massage Silver Sneakers Personal Training Sports Guest

Date: _____

First Name: _____

Last Name: _____

Telephone #: _____

Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: Male Female

Weight: _____ Height: _____ Email: _____

Employer: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Whom may we thank for referring you to our Wellness Center? _____

If you are new to the gym, please get a Debbie form for access to
our on-site Physical Trainer.

GUEST ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY:

I, the undersigned, do hereby acknowledge that use of the OWC Facilities, services, equipment, or premises involves risk of injury to my person and my property, and that as a condition to use the facility, I assume all responsibility for such risks. I hereby release and hold harmless OWC, its agents, related entities, and employees from all liability to me, my heirs and assign for any loss or damage to me, and forever give up any claims therefore on account of injury to my person or property whether caused by the active or passive negligence of OWC.

Guest Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Staff Initials: _____

Account/Guest Number: _____

Date: _____