



Membership Change Form

Name

Member #

ADDRESS CHANGE

Home Phone ()
Work Phone ()

NOTES

CHANGE IN BILLING METHOD WILL EFFECT: MEMBERSHIP DUES GOLD CARD ACCOUNT

New Credit Card Number: _____ Expiration Date _____

Name of Credit Card (circle one) Visa Mastercard AMEX Discover

New Checking Account Number (**Please attach voided check**)

Authorization _____

WAIVER and RELEASE – I understand that although the Pavilion’s facilities, equipment, services and programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use of such facilities, equipment, services and programs may result in injury to me. Therefore, I hereby agree to specifically assume all risk of injury to me while using any of the TriHealth Fitness & Health Pavilion’s facility, equipment, services or programs and I hereby waive any and all claims or actions I may have, or my heirs, executors, administrators, personal representatives, guardians, successors and assigns may have against the Pavilion or its owners and employees as a result of such injury or death. The risks include, but are not limited to:

1. Injuries arising from my use of any exercise equipment, machines and facilities.
2. Injuries arising from my participation in supervised or unsupervised activities and programs in the swimming pools or on the running tracks, Kid’s Life Center, gymnasium, the exercise rooms, patios, outdoor activity areas or any other areas of the Pavilion.
3. Injuries or medical disorders resulting from exercising at the Pavilion, including, but not limited to: heart attacks, strokes, heat stress, sprains, broken bones and torn muscles or ligaments.
4. Accidental injuries within the facilities, including, but not limited to, the locker rooms, steam rooms, whirlpool, sauna, showers and dressing rooms, café, spa or laundry area.

Member Signature

Date

Staff Signature

Date

Date Entered _____	Staff Signature _____
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