

FITNESS REGISTRATION FORM

NAME:	PHONE:_	
SUMMER ADDRESS (if different)	:	
EMAIL ADDRESS:		
	COVID-19 UPDATE (MARCH, 2022)	
be OPTIONAL so long as the risk of the comportable of too. If the CDC deems the level	CDC guidance regarding the use of face masks. Begin of Covid spread in Hancock County remains "Low" or going "maskless," you may do so, and if you'd prefer tel to be "High" again at any point, we will pivot back to	"Medium" in Hancock County. to continue masking that's okay o our "masks for all" policy.
I understand that exercising and understand that exercising and understand contains certain dangers and Fitness Room can result in serious in	asing the exercise equipment/machines in The drisks. If not used properly, the use of the enjury. I represent to the Neighborhood House	he Neighborhood House Fitness equipment/machines in the NHH that I will not use any equipment/
represent to the Neighborhood Hou for my physical or medical condition	to use safely and that I will not use any equise that I will not engage in any exercise or on. I also understand that there may not be an a medical emergency and that if I use the root of the safety and that if I use the root of the safety and that if I use the root of the safety and that if I use the root of the safety and that if I use the root of the safety and that if I use the root of the safety and that I will not use any equipment of the safety and that I will not use any equipment of the safety and that I will not use any equipment of the safety and that I will not use any equipment of the safety and the s	ther activity that is inappropriate yone else in the Fitness Room to
a way for me to call for help.	a medical emergency and that if I use the fo	on arone i need to have with the
friends, or houseguests, etc. Breach be deactivated. No refund will be	rson to enter or use the facility. Membership h of this clause will cause your membership issued for any remaining time on your mem sible for lost or stolen items that are left in th	to be canceled and your card will bership prior to cancellation. The
PRINTED NAME	SIGNATURE	DATE