



Application for Complimentary Swim Team or Swim Lessons General Facility Membership

First Name _____ MI. ____ Last _____ Birth Date _____ M F
 dd / mm/ year

Address _____

City _____ State _____ Zip Code _____ - _____

H or C Phone _____ Email _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name **if Different**) _____

Team or Lessons	Spouse/Children's Names (First, Middle Initial, Last)	M/F	Birth Date	Relationship	Email	Phone

Assumption of Risk & Release of Liability

I acknowledge that illness or injury may result from exercise or use of exercise of equipment. I hereby accept any and all risk of illness or injury resulting from exercise including supervised or recommended exercise and from use of exercise equipment including proper or supervised use. It is understood by the undersigned that there are certain risks inherent in the activities offered at Nomad Aquatics & Fitness which I agree to waive any claim or liability against Nomad Aquatics & Fitness and Carolinas Medical Center-University, and I agree to hold the Nomad Aquatics & Fitness and Carolinas Medical Center-University, its owners, employees, agents and contractors harmless from any claim on behalf of myself and/or my family members arising out of any loss, injury or death attributed to such risks and the use of the facility. I hereby give permission to Nomad Aquatics & Fitness staff, or its designees to secure medical treatment for myself and/or my family in the event of an emergency. I also authorize the physician or medics personnel selected to provide treatment deemed necessary.

Signature _____ Date _____

Notes: _____
