



## New Resident Information Form and Waiver

Thank you for taking a moment to complete our New Resident Information Form. This information will be maintained in your file. It will be your responsibility to update this form as necessary with new information.

PERMANENT HOUSEHOLD MEMBERS				
Name (First, Last)	Relationship	Date of Birth	Check Here if 16 or over	OFFICE USE ONLY Access Card #

HOUSEHOLD CONTACT INFORMATION	
Address	
Email 1	Email 2 (optional)
Home Phone	Alternate Phone

GENERAL INFORMATION
<p>Please list the names of any individuals in your household that might be interested in volunteering to assist with programs and events.</p>



## New Resident Information Form and Waiver

### ASSUMPTION OF RISK AND WAIVER OF LIABILITY

*The undersigned, either being over the age of eighteen (18) years, or having the express permission of my parents and/or guardians, hereby acknowledges that I have inspected the facilities and programs being offered by the facility and am fully aware of the dangers and risks of injury inherent in my use and participation. In consideration of the permission granted me to avail myself of the facility, I hereby release the facility, its owners, their officers, agents, and employees from any and all liability for loss, damage, or injury that I, or my family may sustain by reason of my activities at the facility. I understand that aerobic exercise and athletic fitness training or program participation can be dangerous and that the facility requests that I consult with my physician with respect to any past or present illness or injury that may effect me participation in or my ability to engage in exercise and activities at the facility. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the harmless facility, its owners, their officers, agents, and employees of and from any and all liability of whatever nature which may arise out of or result from such uses.*

*I further agree to abide by all rules and instructions of the facility and its personnel. I have read this Assumption of Risk, Release and Wavier of Liability and fully understand its terms and conditions. I further agree and acknowledge that no oral representations, statements or inducement apart from the foregoing written agree have been made.*

#### **Video and Photo Release**

*I, do hereby give Addison Village Club, WTS International, LLC (WTS), and their affiliates, assigns, licensees, successors-in-interest, legal representatives, and heirs (the "Company") the irrevocable right to use my photograph or video of me (including digital copy the "Photo") for educational purposes for the life of the material, as well as relevant business purposes, including marketing or promotions, of Addison Village Club and/or WTS. I hereby waive any claims I may have based on any usage of the Photo or works derived therefrom, including but not limited to claims for invasion of privacy, use of likeness, or libel. I am over 18 years of age and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents. I understand I am giving up my right to sue by signing below, even in the event of negligence by the Company related to the Photo. Failure to sign this release does not preclude WTS from making recordings of my work performance with proper notice.*

Name (First, Last)	Signature (if child is under 18, please sign for them)	Date