The **Solana** *Club* Program and Event Registration Form

HealthFitness
Empowered. Results.

Primary Contact Name (Parent/Guardian)

☐Yes Mbr# ☐No P#
Are You A Member?

Email

Phone Number(s)

Address City State Zip Code

How did you hear about the program/event? ☐Flyer ☐Solana Website ☐E-mail ☐Other

Program Name/Code	Session/Time	Participant's First & Last Name	Sex/Age (if under age 18)	Fee
			Total Paid:	

Method of Payment:
☐ Cash
☐ Check Check #_____
☐ Credit Card Type_____
☐ Gift Certificate GC#_____
☐ Members Only Charge to Card on File One Time Charge

Make Checks Payable to: ***The Solana Club***

Receipt #_____

OFFICE USE
Acct_____
Sales_____
Program_____

☐ **Members Only - Auto Monthly Draft to Card on File. Available with ongoing programs. Members must submit a 30-day notice to terminate auto draft option. Member Initials_____ Date of first auto draft_____**

Photo Release
I, the undersigned, understand that my child/ward or I may be photographed or videotaped while participating in a Solana Club or Health Fitness Corporation program. I give permission for photos and videotapes of my child/ward or me to be used to promote Solana Club or Health Fitness. Such photos and videotapes will remain the property of The Solana Club.

Waiver and Release
By the use of the facilities, I, as a user, expressly agree that The Solana Club, its owner, The Maguire Westlake/Southlake Partnership, its manage, Health Fitness Corporation, and their respective agents and employees, shall not be liable for any injuries or any damages to the User and/or the User's guest, or the property of the User or the User's guest as a result of the use of the facilities and equipment of The Solana Club. By execution of this release and this Waiver, the User assumes full responsibility for any such injuries or damages which may occur in or about The Solana Club to the User and/or the User's guest. By the Release and Waiver, the User, his or her heirs, executors, administrators and assigns do hereby fully and forever waive, release and discharge THE SOLANA CLUB and all associated facilities, owners, employees and agents from any and all present or future claims, damages, demands and rights of action. User's signature below is evidence of this understanding and agreement. User warrants, represents and agrees that the User is in good physical condition and the User has no disability impairment or ailment preventing the User from engaging in activity programs and events at The Solana Club. The User agrees to keep and obey all rules and regulations in force for The Solana Club, including rules with respect to safety in the locker rooms and personal hygiene and shall communicate such rules and regulations to the guest of the USER. The Solana Club reserves the right to revoke the User's privileges for cause if the User fails to keep and obey such rules and regulations.

Signature of Primary Member (Adult Participant or Guardian) *Date*