



Membership Type:

# THE OPTIMAL YOU FITNESS FACILITY MEMBERSHIP APPLICATION

Employee Membership  
Family Membership  
Retiree Membership  
Intern Membership

<b>PRIMARY EMPLOYEE/RETIREE INFORMATION:</b>				<b>Work Location:</b>			Ada	Buena Park
PRINT NAME	LAST	FIRST	MIDDLE	EMPLOYEE ID				
ADDRESS			CITY	STATE	ZIP CODE	WORK PHONE		
EMAIL ADDRESS			PERSONAL PHONE		DOB	HOURLY OR SALARY		
						HOURLY	SALARY	
EMERGENCY CONTACT NAME			EMERGENCY CONTACT PHONE			SHIFT WORK		
						1ST	2ND	3RD

**FILL OUT FOR FAMILY MEMBERSHIPS**

<b>ADDITIONAL FAMILY MEMBERS:</b>								
NAME			DOB		EMAIL ADDRESS			
<i>EMPLOYEES ONLY</i>	EMPLOYEE ID	WORK PHONE		HOURLY OR SALARY		SHIFT WORK		
				HOURLY	SALARY	1ST	2ND	3RD
NAME			DOB		EMAIL ADDRESS			
<i>EMPLOYEES ONLY</i>	EMPLOYEE ID	WORK PHONE		HOURLY OR SALARY		SHIFT WORK		
				HOURLY	SALARY	1ST	2ND	3RD
NAME			DOB		EMAIL ADDRESS			
<i>EMPLOYEES ONLY</i>	EMPLOYEE ID	WORK PHONE		HOURLY OR SALARY		SHIFT WORK		
				HOURLY	SALARY	1ST	2ND	3RD
NAME			DOB		EMAIL ADDRESS			
<i>EMPLOYEES ONLY</i>	EMPLOYEE ID	WORK PHONE		HOURLY OR SALARY		SHIFT WORK		
				HOURLY	SALARY	1ST	2ND	3RD

**Waiver & Release: ALL APPLICANTS MUST READ AND SIGN BELOW**

I acknowledge active participation in any exercise and fitness program involves risks, including risk of injury, such as strains, sprains, breaks, loss of eyesight, concussions, partial or total paralysis, heart attacks, and even death. Such injury may result not only from my own actions but also from the actions of others. With the knowledge and understanding of these risks, I choose, of my own will and volition, to participate. There are also risks that I may not have considered, yet I waive my right to any claims that may occur from these unconsidered risks and choose, of my own will and volition, to participate.

Membership in the Optimal You Fitness Facility is not considered a work activity, and participation is for my benefit, not for the benefit of Alticor Inc. or any of its affiliated companies. Any injuries I may sustain cannot be claimed under workers' compensation. Use of the Optimal You Fitness Facilities is without medical supervision. After seeking medical advice, my present physical condition will permit my participation. I assume responsibility for and agree to monitor and adjust the intensity and continuation of my own exercise accordingly. In the event of injury, I authorize Alticor Inc. and all of Alticor's affiliates, including without limitation Access Business Group LLC (collectively, "Company") and their respective officers, agents, and contractors to obtain necessary first aid and medical treatment as deemed appropriate, and I agree to assume all costs of any such treatment.

The Optimal You Fitness Facilities are not always manned or supervised during hours of operation. At all times, and particularly during unstaffed hours, I will use equipment properly and will abide by all established rules and will follow any emergency processes established for my safety.

In consideration of for membership in the Optimal You Fitness Facilities, intending to be legally bound, on behalf of myself, my minor family members (who must be with a legal guardian or trainer at all times) who may use the Optimal You Fitness Facility, my heirs, executors, administrators, and representatives, I hereby indemnify, hold harmless, waive, and forever release Company), and their respective officers, directors, employees, agents, contractors, volunteers, successors, and assigns from any and all rights, claims, or demands for loss, damage, or injury, including negligence and wrongful death, arising from such membership or use of the Optimal You Fitness Facility. I accept full responsibility for any damage, theft, or loss of personal property, including clothing or equipment.

**X** \_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

**X** \_\_\_\_\_  
DEPENDENT MEMBER SIGNATURE

**X** \_\_\_\_\_  
SPOUSE MEMBER SIGNATURE

**X** \_\_\_\_\_  
DEPENDENT MEMBER SIGNATURE

**X** \_\_\_\_\_  
DEPENDENT MEMBER SIGNATURE

**X** \_\_\_\_\_  
DEPENDENT MEMBER SIGNATURE