



Free 3 Day Pass

*San Diego residents only

600 Palm Ave

Imperial Beach, CA 91932

619-423-9022

GUEST REGISTRATION & LIABILITY WAIVER

GUEST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

WAIVER

I certify that I am in good physical condition and have no disability, impairment, or ailment which would be adversely affected by my participation in a physical conditioning program or by use of I.B. Fitness' facilities or services. I shall participate in the physical conditioning programs and/or use of I.B. Fitness' facilities, services, and/or equipment **AT MY OWN RISK**. I.B. Fitness, it affiliates, agents, and/or employees shall not be liable for any loss or theft of personal property of myself and/or any guest that accompanies myself. I agree to be bound by the rules and regulations of I.B. Fitness. I acknowledge that if any of the above information is false, I may be refused service by any employee of I.B. Fitness.

Signature: _____ **Date:** _____

OFFICE USE:

Day Fee ___ Tour Only ___ Military/Student ___ Individual ___ Couple/Family ___

Date: _____ Time: _____ Staff: _____

Thank you for taking the time to complete this important information, and, on behalf of I.B. Fitness, **it's a great day to get fit!**