



ONE FREE VISIT



- Print out and bring in this coupon.
- One coupon per person.
- Offer valid for first time visitors only.
- Must show proof of residency.

634 North Falmouth Highway
North Falmouth, MA 02556
508-563-1100

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone# _____

How Did You Hear About Us?

- Friend is a member _____ Guest Pass Walk-In
 Internet Other: _____ Phonebook Newspaper

Today's Visit Will Include

- Group Fitness Class Cardio Equipment / Weights Personal Training

Waiver and Release of Liability

In consideration of being allowed to participate in the activities and programs of Balanced Health & Fitness, I do hereby declare myself to be physically sound and that I have had a physical examination and been given permission by my physician, or that I have decided to participate in these activities of my own free accord. I do hereby assume all responsibility for my participation in group classes, with the use of weights, and all machinery, equipment, and apparatus. Furthermore, I understand and am aware that my participation is potentially hazardous, may involve the risk of injury and even death. I agree to expressly assume and accept all risks and further waive, release, and forever discharge Balanced Health & Fitness, Inc. and its officers, owners, agents, sub contractors and employees from any and all responsibilities or liability from injuries or damage resulting from my voluntary participation.

Signature: _____ Date: _____

Staff: _____