

Submission #

Health & Fitness Application
24 Hour Access Supplement
(A Copy of this Page is Required for Each Location)

Location #: _____

Address: _____

Do members have key/swipe cards access to facility? No Yes

Do you have a panic system that is monitored by an outside source and was installed as recommended by the vendor? No Yes

If yes, which type of panic system do you have? Hardwired and wall mounted Emergency Necklaces

Are all unauthorized areas of the club locked off with only access to those areas during normal business hours? No Yes

Do you physically inspect the club several times a day to verify unsafe conditions have not developed? No Yes

Do you prohibit the use of the facility from any uninsured personal trainer? No Yes

Do you have specific separate waivers? No Yes

Applicant's Signature: _____

Date: _____