

Try Us Out Day Pass

* You must be at least 18 years old and present I.D. May only be used once a year.

Name:		M/F
Email:	Date of	f Birth:
Address:		
City:	State:	Zip:
Phone:		
Emergency Contact:	Pho	one:
The undersigned individual in attendar own risk. McDowell Wellness Center injuries sustained by the undersigned of responsibility for any injuries or dama hereby fully and forever release and di from any and all claims, demands, right same be known or unknown, anticipate individual's use or intended use of the	(MWC) shall not be liable for any on or about the premises. The under ges which may occur on or about to scharge MWC and all associated on the of action or causes of action pro- ged or unanticipated, resulting from	damages arising from personal ersigned assumes full the premises and he/she does owners, employees and agents esent or future, whether the for arising out of the
Signature		Date