



SALEM
ATHLETIC
CLUB

Guest Swim Waiver

16 Manor Manor Parkway

Salem, NH 03079

603-893-8612

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Please Read and Sign Below—Thank You!

Waiver and Release

I understand there are inherent risks in any exercise program and acknowledge that it is my responsibility to determine the intensity of exercise that I can maintain while participating in the fitness activity. I accept any and all responsibility for and assume the risk of any and all injury to my person and/or any property, which might arise directly, or indirectly as a result of my participation in a fitness activity at Salem Athletic Club. As a guest of Salem Athletic Club, I assume that there is a risk involved in leaving personal property unattended or in a locked locker.

Signature: _____ Date: _____

(parent/guardian signature if under 18 years old)