



Name: _____

Address: _____

D.O.B.: _____

Phone: _____

E-mail: _____

Photo I.D. Required Upon Entry

Must be current PA resident with valid ID.
Guests must be 18 years of age or older.
Valid for first time visitors only. Renewing members do not qualify.

AIR Physical Therapy and Fitness Liability Release

In signing below, I agree that AIR Physical Therapy and Fitness is in no way responsible for the safekeeping of my personal belongings while I attend class or exercise in the facility.

I understand that any activity and/or classes at AIR Physical Therapy and Fitness may be physically strenuous and I voluntarily participate in these activities with full knowledge that there is risk of personal injury, property loss or death.

I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against AIR Physical Therapy and Fitness or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Guest Signature

AIR Physical Therapy and Fitness
Staff Member

Date: _____

Expiration Date: _____