

2960 Epic Place Grand Prairie, TX 75052 972-339-3742

		Member/Guest Inf	formation	
Full Name	<b>:</b> :			Date:
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email <u>:</u>		
	Request	for Adaptive/Inclus	ive Accommod	lation
		bility and accommodation r		
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		Disclaimer and S	Signature	
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		ning and using fitness equi		
		that these activities sometir		
pre-existir	ng conditions. I am av	ware that a comprehensive	medical examinatio	n is necessary before
usina the	equipment and mach	ninery and that a consultation	on with a physician i	s essential to determir
		ossible. <b>If you are currentl</b> y		
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strongly	urges you to consul	It your physician before e	ingaging in any ac	uvity.
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