

NMFAC Running Club

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gender: M F Birthday ___/___/___

Liability Waiver:

I assume any and all risks related to NM Fitness & Aquatics Club pertaining to myself and actions. I agree to hold NM Fitness & Aquatics Club, its shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred.

Signature _____ Date _____

130 Grove Street, New Milford, CT 06776 860-799-6880

