

WYNDHURST CLUB MEMBERSHIP APPLICATION

DATE \_\_\_\_\_ MEMBERSHIP TYPE \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

You will be issued an exclusive identification bracelet to your name which you must have with at all times during your visit. Your bracelet will allow you access to member areas and be your identification for property discounts. You will have one free pass for forgotten bracelet after which a charge of \$10 will be issued each time you forget it. Replacement bracelets are \$25. All members must have an active Wyndhurst account or an active credit card on file. Sharing a bracelet will result in loss of membership. By signing below you are acknowledging you agree to the above information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PASSPORT MEMBERSHIP AUTOMATIC PAYMENT AGREEMENT

I \_\_\_\_\_ authorize Wyndhurst Club to charge my credit card on file with the last four digits \_\_\_\_\_ for my membership fees as designated below.

Renewal fees will be charged automatically based on your term of membership. If you choose to terminate your membership, you must do so in writing either by email or at the membership front desk. I.D. bracelets will deactivate in conjunction with your membership term. All renewals or terminations will occur on the first of the applicable month. All memberships are non-refundable.

**All incidental charges to your club account will be billed monthly to your credit card on file.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

REQUEST TO PARTICIPATE WAIVER

I give my consent to voluntarily participate in Wyndhurst Club Membership, activities. I have an understanding of my target heart rate range, and understand it is my responsibility to monitor my level of exertion and pace myself accordingly.

I hereby release Hyatt Corporation and MRG CRW Holdings, LLC and their respective corporate parents, subsidiaries, officers, directors, agents, affiliates and employees (collectively, the "Releasees") from any and all claims, damages, demands, rights of action or causes of action anticipated or unanticipated, arising out of, or in any manner resulting from my participation in the exercise program at Wyndhurst Fitness Club. This includes, without limitation, any claims, damages, demands, rights of action or causes of action resulting from, or arising out of, the negligence of the Releasees. I hereby agree to waive any and all such actions. Such Release and Waiver is to be binding upon my heirs, executors, administrators and assigns.

I acknowledge that I have *either had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician* and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IN CASE OF EMERGENCY

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ OR \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

I have read the above information and I understand it. Any questions which may occur to me have been answered to my satisfaction. Wyndhurst reserves the right to require a doctor's clearance. In this instance physical activity may be postponed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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