

MONTGOMERY CARDIOVASCULAR INSTITUTE

CARDIAC REHABILITATION PHASE III AND FITNESS CENTER MEMBERSHIP

Date: _____

Name: _____
 Last **First**

Home Phone: _____

Home Address: _____

City/State/Zip: _____

Age: _____

Sex: M F

Date of Birth: _____

Business: _____

Occupation: _____

Phone: _____

In case of emergency notify: _____

Phone: _____

Type of Membership: Single

Family

Visitor

MCA Staff

Baptist Staff

Payment Plan:

Monthly Bank Draft: _____

Year Payment: _____

Informed Consent:

"I hereby give my approval and assume all risk for participation in any and all MCA fitness activities. I assume all risk incidental to such participation. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Montgomery Cardiovascular Association / Montgomery Young Men's Christian Association, and its employees, officers, directors, agents, volunteers, and representatives for any claim arising out of an injury or illness for any cause. I understand that neither MCA or the YMCA provides health and accident insurance or any other coverage for accidents, sickness, or any type of injury."

Signature: _____

Date: _____

Staff: _____