



'Swimming is for life'

ONE DAY PASS

DATE: _____

NAME: _____

EMAIL: _____

PHONE: _____ Work House Cell

ADDRESS: _____

SCHOOL
/COMPANY: _____

I accept full responsibility for my use of any and all apparatus, appliances, facility privileges or service whatsoever owned and operated by Seahorse Fitness, Inc. at my own risk and shall hold this club, its shareholders, offices, employees, representatives and agents harmless from any all loss, claim, injury or liability sustained or incurred by resulting therefrom.

SIGNATURE: _____