

**WILLOWS OF POTOMAC  
FITNESS CENTER KEY APPLICATION & WAIVER AGREEMENT**

Resident's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 \_\_\_\_\_

**A. WAIVER OF LIABILITY**

It is expressly agreed that the use of the Willows of Potomac Exercise Facility at any time shall be undertaken by a Member at his/her sole risk, and the Willows of Potomac, its agents or employees shall not be liable for any and all injuries or damage to any Member or to the property of any Member or property of Willows of Potomac. Willows of Potomac, its agents or employees shall not be responsible or liable to Members for articles damaged, lost or stolen in or about the Willows of Potomac or in its lockers, or for loss or damage to any property including, but not limited to, automobiles and the contents thereof.

**B. TRANSFER AGREEMENT**

I/WE, \_\_\_\_\_ and \_\_\_\_\_, property owner(s) in the Willows of Potomac, agree to transfer my Willows Exercise Facility membership to the Tenant(s) referenced above and understand my Tenants are required to abide by the Membership Agreement. I understand that by allowing my Tenant(s) to use The Fitness Center, I surrender my right to use the facility.

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 Property Owner Signature(s)

**C. MEDICAL EXAMINATION**

All members are strongly encouraged to have a complete physical examination by a medical doctor prior to beginning any program of activity. If a proposed Member has a history of heart disease or other ailment which can be aggravated by exercise, he/she must consult a physician before using the Fitness Center.

I certify that the information supplied above is accurately stated, that all applicants are sixteen (16) years of age or older and that I am requesting access only for authorized users of this address. Upon signature of the application, I acknowledge that my family members and I/We will abide by the terms and conditions as stated above as well as all other Rules and Regulations governing the use of the Fitness Center.

Homeowner's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tenant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (If applicable, complete section "B" above)

**A Parental Permission Form must be completed for each household member less than eighteen (18) years of age who will be using the Fitness Center. All users must be at least sixteen years of age.**

Fitness Center Applicants: (signature signifies agreement to all terms of this application) Check Replacement if requesting a replacement key for a user. Each Fitness Center user MUST HAVE HIS/HER OWN KEY. Please report lost or stolen keys IMMEDIATELY.

Replacement (Check)	Name (please print)	Signature
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Attach a check to this application (made payable to "The Willows of Potomac") in the amount of \$15.00 for each original key requested and \$50.00 for each replacement key requested. Send to: The Willows Club Fitness Center, c/o 13700 Ginkgo Terrace, Rockville, Maryland 20850.