HOTEL ★★★★
DES INNOVATIONS

Registration Form

Welcome to your fitness center!
Please complete this form to create your membership.

Personal Information

First name: _____ Last name: _____

Gender : ☐ Male ☐ Female Date of birth: _____

Phone number : _____ Email : _____

Membership type

☐ Monthly CHF 80.00 ☐ Quarterly CHF 225.00 ☐ Six-monthly CHF 408.00 ☐ Annual CHF 720.00

Start date : _____ End date : _____

Paid on : _____

Emergency contact

Full name : _____

Relationship : _____

Phone number : _____

Liability Waiver and Terms & Conditions

☐ I understand that physical exercise involves risks, and I accept full responsibility for any consequences.

☐ I release the fitness center from any liability in the event of injury or loss of personal belongings.

☐ I agree to comply with the rules and instructions of the fitness center.

☐ I have read and accept the general membership terms and conditions.

Signature

_____ _____

Place and date Signature