

Membership # _____
Membership Category _____

SAMOSSET RESORT ON THE OCEAN HEALTH CLUB

Expiration Date: _____

Last Name, First Name	Mem #	DOB	Relation	Gender
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____

Emergency Notification: _____ Phone: _____

A. Employer: _____ Phone: _____

B. Employer: _____ Phone: _____

Mailing Address: _____ Phone: _____

Town: _____ Zip: _____ Cell: _____

Email: _____

I hereby release the Samoset Resort, together with its owners, agents, and employees from any and all claims for injury or damage that may be sustained by me, my guests, and/or my family resulting from the use of the premises, facilities, and/or equipment, or from participating in any form of exercise, activity, and/or sport.

I hereby represent that I am in good health and capable of participating in such an activity, that I will not do anything which will injure myself or others while engaging in such activities, and that I hold the Samoset Resort, its owners, agents, and employees harmless in connection with my participation.

Signature: _____ Date: _____ Clerk Initials: _____

*****FOR OFFICE USE ONLY*****

Initiation Fee: _____

Membership Fee: _____

Child Add-Ons: _____

Discounts: _____

Total Paid: _____

Date Paid: _____

_____ Cash

_____ Check #

_____ Credit Card Type

*****MEMBERSHIP PACKET CHECKLIST*****

- _____ INDOOR POOL SCHEDULE
- _____ GROUP FITNESS SCHEDULE
- _____ 2 GIFT DAY PASSES

PLEASE INITIAL EACH ITEM. IF POSSIBLE PLEASE TAKE EACH NEW MEMBER ON A TOUR OF THE FACILITY.