



Local residents, ONE TIME FREE WEEK trial membership.

E-mail or print and present this completed form to begin your trial membership.
fftkmadison@gmail.com

_____/____/____
Last (PRINT) First Mid. Int. Birthdate Required

Street City State Zip

E-Mail Required Phone

Signature Required Date

Guest agrees to all risk of injury and further agrees to indemnify and hold **Fit For The King Inc.**, and its shareholders and employees individually harmless from any and all liability resulting from, but not limited to the actions and negligence of other members, the facility, its equipment, or third parties at the facility. **This is a one-time offer for local residents ONLY.**

Fit For The King Staff to complete the following:

PASS BEGINS ON _____ **PASS ENDS ON** _____ **FFTK Authorization** _____