

## Fitness Facility Member Verification Form

Fill in your full name below, then have your fitness facility complete the rest of the form. Submit this form with your ExerciseRewards™ Reimbursement Form and proof of payment to:

**ExerciseRewards, PO Box 509117, San Diego, CA 92150-9117**

Please be advised that a copy of your fitness facility agreement may be requested.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

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### ***Fitness Facility Information***

Facility Name \_\_\_\_\_

Facility Address (Number, Street, Suite) \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_

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### ***Type of Arrangement***

Fitness Facility Agreement

Signed Application

Other - Please Explain \_\_\_\_\_

### Membership

Individual membership     Family membership - If family membership, list names below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### ***Membership Term***

Amount Paid for Membership    \$ \_\_\_\_\_

Month-to-Month    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

Annual Membership    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

Other \_\_\_\_\_    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

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### ***Fitness Facility Attestation:***

I, \_\_\_\_\_ (fitness facility representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness facility.

Fitness facility representative signature \_\_\_\_\_

Date \_\_\_\_\_