

OFFICE USE ONLY:	
Kantac #:	Survey date sent:
Key Fob #:	Orientation date:

FIRST NAME _____

- Male
- Female
- Other

LAST NAME _____

BIRTHDAY: _____

EMPLOYER: _____

ADDRESS

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME: _____ CELL: _____

E-MAIL: _____

CONTACT INFORMATION

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE: _____

ADDITIONAL FAMILY MEMBER(S):

OFFICE USE ONLY:	
Kantac #:	Survey date sent:
Key Fob #:	Orientation date:

NAME: _____

- Male
- Female
- Other

PHONE: _____

E-MAIL: _____

OFFICE USE ONLY:	
Kantac #:	Survey date sent:
Key Fob #:	Orientation date:

NAME: _____

- Male
- Female
- Other

PHONE: _____

E-MAIL: _____

OFFICE USE ONLY:	
Kantac #:	Survey date sent:
Key Fob #:	Orientation date:

NAME: _____

- Male
- Female
- Other

PHONE: _____

E-MAIL: _____

By my signature I/We indicate that I/We have read and understand this Waiver of Liability and the Cancellation Policy. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

SIGNATURE: _____ DATE: _____