



**WCAC MANAGEMENT, LLC PARTICIPANT REGISTRATION & WAIVER**  
Santa Barbara Athletic Club 520 Castillo St., Santa Barbara, CA 93101 Phone (805) 966-6147 Fax (805) 963-5796

Date: \_\_\_\_\_  
Participant's (Guest's) name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Yes, E-mail me club info. \_\_\_\_\_  
Are you interested in joining? Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Guest Pass**

Pass from Member \_\_\_\_\_ Member Name \_\_\_\_\_  
Paid Guest Pass \_\_\_\_\_

What brought you in today / How did you hear about the Club? | Member Referral | Email |  
| Magazine Ad | Recommendation | Other: \_\_\_\_\_

Club Event \_\_\_\_\_ Name of Event: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Guest Policies and Procedures**

- 1. We warmly welcome guests. Please remember these important policies regarding guests and guest waivers:
- 2. Each guest must fill out a guest waiver before entering the Club. This waiver will be kept on file and is good for the calendar year.
- 3. Guests that are 17 years old or younger must have a parent or legal guardian sign the Participant Waiver.

Minor's name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Signatory: \_\_\_\_\_

Minor's name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Signatory: \_\_\_\_\_

Minor's name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Signatory: \_\_\_\_\_

- 4. Guests must be accompanied by a member in good standing or have a valid guest pass. All guests are limited to two daily visits per calendar month.
- 5. Each guest must pay the applicable fee.

**NOTICE. This Guest Card contains a Express Assumption of Risk Agreement and Release of Liability and Indemnity Agreement on the reverse side of this card to which you will be bound. DO NOT SIGN THIS GUEST CARD BEFORE YOU HAVE READ IT.**

\_\_\_\_\_ Initials