



Business Name: _____

Are employee(s) present during all hours of operation? Yes No

If not, what are the hours your club is open with employees not present? (please provide schedule if already printed)

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Do you have a written guest policy? Yes No

Are guests allowed in the club when employees are not present? Yes No

Does your club have a signed waiver of liability (may be included in membership agreement) that informs the member that the club will be unstaffed at times during each day? Yes No

Do you have readily accessible panic buttons or alarms that provide a direct link to 911 or central station, or medical alert bracelets or necklaces? Yes No

Do you lock or make inaccessible wet areas when the club is un-staffed? Yes No

Do you restrict members under 18 years of age from using club while club is unattended? Yes No

How many members, a week, work out while employee(s) not present: _____

How many members, a week, work out between 12:01 a.m and 5:00 a.m: _____

What type of entry system do you have: Key fob Keycard Actual keys Finger print access
 Combination code Other (please explain) _____

Does your entry system provide reports of usage? Yes No

Who is the manufacturer? _____

Will club member usage data be retained for at least 90 days? (Please attach sample report of usage) _____

Does your club have a digital surveillance system? Yes No

How many Cameras? _____

Does the surveillance system cover all public areas inside of club? Yes No

Does it cover parking area? Yes No

Will surveillance camera footage be retained for at least 90 days?? Yes No

Who is the manufacturer? _____

Who is the security company your club uses? (Name) _____

Address: _____

Phone no.: _____ Website: _____

Do you have an automated external Defibrillator on site? Yes No

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**

Insured Signature _____

Date _____