

**EXERCISE AND HEALTH CLUBS  
SUPPLEMENTAL APPLICATION**

Applicant's Name \_\_\_\_\_

**GENERAL INFORMATION**

TOTAL RECEIPTS: \_\_\_\_\_ (Includes receipts from restaurant operations, child care and similar operations)

\_\_\_\_\_ Do members/students sign waivers and release of liability?

\_\_\_\_\_ Are instructors certified as required by state law?

**Swimming Pools:**

Are outside pools are fenced with self-latching gates \_\_\_\_\_

Are rules, hours and depth markers posted \_\_\_\_\_

Is life safety equipment is available \_\_\_\_\_

Are diving boards or slides one meter or less (3 feet) \_\_\_\_\_

# Tanning Beds \_\_\_\_\_

# Racquet Ball or Tennis Courts \_\_\_\_\_

# Independent Contractors such as Certified Trainers and Masseuses \_\_\_\_\_

**Acceptable Martial Arts: Check those available:**

Aikido	_____	_____	Kickboxing
Boxing	_____	_____	Taekwondo
Karate	_____	_____	Wrestling
Jujitsu	_____	_____	Mixed Martial Arts

**24 Hour Facilities with Electronic Key Card Access:**

Is facility equipped with panic buttons and video surveillance? \_\_\_\_\_ (If no coverage is prohibited)

Is tanning bed access prohibited unless attendant is present and controls timers? \_\_\_\_\_ (If no, coverage is prohibited)

Please indicate if any of the following exists. If "yes" coverage is prohibited

Blood analysis, stress testing and/or doctors, nurses, or physical therapists on staff  Yes  No

Cage Boxing  Yes  No

Professional MMA's  Yes  No

Ultimate Fighting Championships  Yes  No

Professional or Semi Professional Training  Yes  No

Use of weapons, knives, swords, darts or similar objects  Yes  No

Gymnastics, trampolines or climbing walls  Yes  No

Weight loss centers, diet centers or Spas  Yes  No

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: Date: \_\_\_\_\_

Producer Signature: Date: \_\_\_\_\_