Schedule A

(To be completed with Membership Agreements for all minors or families)

ADULT AGREEMENT: _____ _____

NAME (FIRST AND LAST) MEMBERSHIP NUMBER

ADULT AGREEMENT: _____ _____

NAME (FIRST AND LAST) MEMBERSHIP NUMBER

LAST NAME FIRST NAME	BIRTHDAY YEAR /MONTH/ DAY			SEX	MEMBERSHIP #	CARD	F & L	
(A) CHILD					A			
(B) CHILD					B			
(C) CHILD					C			
(D) CHILD					D			
(E) CHILD					E			
(F) CHILD					F			

ADDRESS: _____

_____

CITY:_____ PROVINCE: _____

POSTAL CODE: _____ TELEPHONE: (_____) _____

INCASE OF EMERGENCY PLEASE CONTACT:

NAME:_____ TELEPHONE: (_____) _____

HEALTH CARD NUMBER: _____

MEDICAL CONCERNS: _____

This Schedule A is part of the attached Membership Agreement(s) for the persons named in boxes A to F above, who are all minors (the "Applicants"). I am their parent and guardian and have in my personal capacity and as parent and guardian of each Applicant, specifically requested that GoodLife allow the Applicant to use the services and facilities being operated under the trade name and style of GoodLife Fitness Club and/or GoodLife Fitness Women's Club (the "Centre"). By signing below I am agreeing to the terms and conditions of this Schedule A on my own behalf and, as parent and guardian, on behalf of each Applicant. Our heirs, executors, administrators and assigns will also be bound by this Schedule A.

In return for the Applicants being permitted to use the Centre, I AGREE AS FOLLOWS:
1. I am personally responsible for the financial obligations of each Applicant under his/her respective Membership Agreement.
2. I WAIVE AND RELEASE THE CENTRE FROM ALL CLAIMS. This waiver and release includes all present and future claims and liability relating to the Applicants' use of the Centre.
3. I UNDERSTAND AND AGREE that I am responsible for the good behavior of the Applicant(s) at the Centre. If the Applicants' use of the Centre results in any claims or liability against the Centre, I will INDEMNIFY AND SAVE the Centre and its successors and assigns HARMLESS from all such claims and/or liability. This indemnity includes claims brought by the Applicants, and/or by anyone else.

DATED THIS _____ DAY OF _____ IN THE YEAR _____ .

_____ _____

WITNESS SIGNATURE SIGNATURE OF PARENT/GUARDIAN

_____

PRINT NAME OF PARENT/GUARDIAN