

**MEMORIAL PARK DISTRICT**  
**Fitness Center**  
**Membership Application**

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_  M  F

**FEES AND PAYMENT STRUCTURE**

- Fees are based on current rates as published.
- Payment Options: Payment in Full – Cash, Credit, Debit Card, or Check.

**POLICIES AND PROCEDURES**

- All participants are expected to adhere to the policies and procedures of the Memorial Park District.
- Membership is nonrefundable and non-transferable.
- A lost or stolen annual membership pass card may be replaced for \$20.
- Misuses is cause for confiscation of the fitness center pass card.
- Failure to bring membership pass will result in being charged a daily fee of \$5.00.
- Memorial Park District may terminate a membership for lack of payment or failure to adhere to Park District policies and procedures.
- The Park District staff occasionally photographs/videotapes for publicity purposes. Please be aware that these photos may be used in program guides, brochures, news releases, and District's web site or other promotions.
- The Memorial Park District will do its best to comply with the guidelines set forth in the Americans with Disabilities Act. (ADA).

**Waiver and Release of All Claims and Assumption of Risk**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program/programs listed above, you will be waiving and releasing all claims for injuries you and /or your child/ward might sustain arising out of the programs listed above.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of programs listed above. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage, or loss which I or my child/ward in any of the program(s) listed above. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or may child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s).

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Payment</b>	
Cash _____	Check _____
Charge _____	Debit _____
Visa _____	MC _____
Card # _____ - _____ - _____	Exp. Date _____
Card Holder Name _____	Amount _____
Authorized Signature _____	
Renewal Date _____	
Pass # _____	