

I.D. # _____

**WAUCONDA PARK DISTRICT
FITNESS REGISTRATION FORM**

CHECK ONE: RESIDENT ___ NONRESIDENT ___

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ DATE OF BIRTH _____

IN CASE OF EMERGENCY CONTACT _____ / _____
Name Relationship

PHONE NUMBER _____

STARTING DATE	ENDING DATE	RECEIPT NUMBER	AMOUNT PAID	NOTES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WAIVER SIGNATURE

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

By signing this form, I acknowledge that I have read the waiver and release of all claims and the assumption of risk located on the reverse and agree to its terms.

**FITNESS CENTER WAIVER
IMPORTANT INFORMATION**

The Wauconda Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District continually strives to reduce such risks and insists all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices, despite careful and proper perpetration, instruction, medical advise, conditioni8ng, and equipment, pose a substantial risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, slipping, falling, equipment failure, failure in supervision/instruction, premises defects and all other circumstances inherent to recreational activities/programs exist. Dependent upon a person's physical condition, age and skill level, aerobics and fitness exercises can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

- | | |
|--|-------------------------------------|
| 1. Heart attack, Stroke and circulatory problems | 4. Shin splints |
| 2. Bone and joint injuries | 5. Muscle strain and other injuries |
| 3. Back and neck injury | 6. Foot problems |

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of any and all machinery, equipment and apparatus designed for exercising shall be at my or my minor child/ward's sole risk. Notwithstanding any consultation or instruction on exercise programs which may be provided by the Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be my or my minor child/ward's entire responsibility, and the Park District, including its officials, employees, agents and volunteers shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the Park District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand and above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

(Please print participant's name)

(Participant's signature-Must be 18 or older or Parent/Guardian)

(Date)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.

Wauconda Park District

CONFIDENTIAL MONTHLY PAYMENT PLAN AUTHORIZATION ELECTRONIC FUNDS TRANSFER (EFT)

Membership Number _____

Name _____
PLEASE PRINT (LASTNAME, FIRST NAME)

I request that my monthly dues to Fitness First be charged directly to my:

Monthly Amount Authorized \$ _____

CHECKING ACCOUNT _____ **MASTERCARD** _____ **VISA** _____

Credit Card Information

MasterCard Account # _____ Exp. _____

Visa Account # _____ Exp. _____

Checking Account Information

(A voided check must be attached to this form to verify the numbers below)

Routing # _____ Account # _____

I understand that I am responsible for informing the Wauconda Park District of any changes to this account including but not limited to: bank name changes, account number changes, and new credit card expiration dates. Wauconda Park District must be informed of any changes to checking accounts, MasterCard, or Visa accounts by the 15th of the month. The charge will be made to the account on the closest business day to the 20th of each month. A \$10 fee will be charged for any transaction returned unpaid due to problems with or changes to the account. For checking accounts an additional \$35 fee will be due for returns for NSF. I understand that my membership will automatically be renewed each year and that I can terminate my membership and monthly payments at any time by submitting my membership card(s) and a written notification.* Wauconda Park District reserves the right to change membership rates with one month's notice.

(*Please note that in order to avoid dues for the month, a cancellation must be made prior to the 15th.)

Account Holder's Signature : _____ Date: _____

