



Fitness Center Member Agreement Form

Primary Member Information Name:	Home Phone:	Birth Date	Gender M F	Interests (circle all that apply) Weight Loss Basketball Volleyball Group Exercise Personal Training Climbing Wall Martial Arts Child Center	Emergency Contact Name: Phone:
Alternate #:	City, State, Zip Code:			Referred By:	Email Address: <input type="checkbox"/> Check here to receive emails.
Address:					
Additional Members Name	Birth Date	Gender (Circle One)	Status (Circle One)	Interests (circle all that apply)	Emergency Contact
		M F	Plus one Student	Weight Loss Basketball Volleyball Group Exercise Personal Training Climbing Wall Martial Arts Child Center	Name: Phone:
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		M F	Plus one Student	Weight Loss Basketball Volleyball Group Exercise Personal Training Climbing Wall Martial Arts Child Center	Name: Phone:

Payment Information

Member Rate: \$ _____ **Method of Payment:**
 Plus One Rate: \$ _____ Draft: () Check () VISA () MasterCard () Discover
 Students: ___ x \$ ___ = \$ _____ Pay in Full: () Cash () Check () VISA () MasterCard () Discover
 Monthly Payment: \$ _____

Credit Card Number: _____ Expiration Date: _____ V-code: _____

Bank Draft/ Credit Card Payment Agreement

I understand my bank draft/credit card membership payment is continuous until I complete and return a cancellation form and any unpaid balances. I agree to abide by the cancellation procedure. I will be billed any amount due. My membership may be terminated if a payment is uncollected, my accounts are closed without notification, I stop payment on my draft, or I revoke authorizations. Any penalty imposed by my bank or by the Waukegan Park District for uncollected drafts is my responsibility.

I have read and understand the above continuous bank draft/ credit card agreement.

Signature: _____

Date: _____

The Fitness Center Terms of Membership

Terms of Membership

MEMBER INITIALS _____

I understand that my membership is continuous and requires no annual renewal. My membership may be cancelled at any time by providing an in-person, written and signed notification of my intent 30 days prior of the desired month of cancellation. I agree to abide by all rules, guidelines and membership payments of The Field House at Hinkston Park (Waukegan Park District) and I acknowledge that I have received, agree to, and understand the rules and procedures which are subject to change without notice. I understand that membership rates are subject to change (given a thirty day notice) and I agree to abide by these changes. I understand that other costs associated with the facility are subject to change without prior notice. I understand that my membership may be terminated if I am in violation of any rules or procedures; or conduct myself in a manner deemed inappropriate. I understand that I am bound by the terms of this agreement unless cancelled in writing within seven days after acceptance, or otherwise provided by law.

Membership Payment (Non-Payment)

MEMBER INITIALS _____

Members will be required to pay the first month they join at the time of registration. Members will be required to provide future payment information through an approved bank account or credit account option. Future monthly payments must be made through Electronic Funds Transfer (EFT). Payments will occur on or about the fifteenth day of the month or up to five business days after. It is the member's responsibility to ensure they have adequate funds in their account to cover these transactions. If a member's payment does not "clear" and the Waukegan Park District does not receive payment, the park district will attempt to contact the member for collections using the information they provided for a period of five days. After that time the membership will be placed on "Hold" and the membership will not be active. If a member has any "denied" payments, NSF, or an invalid account payment for three times in twelve consecutive months, the membership will be terminated and the member will not be entitled to a refund. Please update your account information with us at anytime.

Termination

MEMBER INITIALS _____

It is agreed that a member may terminate membership from The Fitness Center by giving in-person written notice of intent to cancel, prior to 15th of the month prior to the desired month of cancellation. If I choose to cancel my membership during the initial 12 months, I will pay a penalty as follows: within 1-6 months of activating membership = \$150, within 6-12 months of activating membership= \$75. The early cancellation fee must be submitted with the membership cancellation form. If the penalty payment is not submitted, the membership will not be terminated; therefore the applicable Electronic Funds Transfer will not be stopped. If the membership was paid in full for the entire year, a refund for the remainder of the membership will be issued less the required penalty. All accrued dues, penalty charges, and other charges for which the member may be liable are due at the time of termination. If the member, because of death or disability, is unable to use or receive services contracted for, the customer, or his estate as the case may be, shall be liable for only that portion of the charges allocable to the time prior to death or the onset of disability. The Waukegan Park District shall in such event have the right to require and verify reasonable evidence of such death or disability.

Temporary Membership Hold

MEMBER INITIALS _____

Members may place a temporary hold on their membership for a maximum of three months and ONLY under one of the following conditions: temporary job relocation, illness, or seasonal change of residence. Proof of circumstance will be required and will consist of a letter from the member's company stating the relocation, a note from a doctor stating that the member is unable to work out due to illness or injury, and/or proof of residency outside of the state of Illinois. This procedure will not be offered retroactively and an official hold form must be completed by the 15th of the month prior to the month for which the first hold month is to occur. A \$5 maintenance fee will be required for each month requested and the membership obligation of the member will be extended to include the amount of months the membership is on hold. The maintenance fee must be paid upon submittal of the official hold form. Membership cannot be cancelled off of a hold status and must reactivate for one full month before a cancellation can occur. A membership may only be placed on hold one time within a 12-month period.

Membership Agreement

MEMBER INITIALS _____

I acknowledge that, before I signed this agreement, I had the reasonable opportunity to examine it and have received a copy of The Field House at Hinkston Park (Waukegan Park District)'s policies and procedures. I acknowledge that I have been given, agree to and understand a waiver and release, and that this agreement is not valid unless accompanied by a signed waiver and release.

Signature of Member: _____ Date: _____

Signature of Member: _____ Date: _____

Signature of Member: _____ Date: _____

Signature of Member: _____ Date: _____

Individuals over the age of 18 must sign this agreement. A parent or guardian must sign this agreement if the member is under the age of 18.

Staff Registering: _____ Date: _____ Staff Reviewing: _____ Date: _____

FITNESS CENTER WAIVER & RELEASE

IMPORTANT INFORMATION

The Waukegan 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 Waukegan Park District continually strives to reduce such risks and insists that 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/programs.

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 fitness center activity.

WARNING OF RISK

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Waukegan Park District to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities 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
2. Bone and joint injuries
3. Back and neck injury
4. Shin splints
5. Muscle strain and other muscle injuries
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 (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Waukegan Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my 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

Date _____

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

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