FITNESS MEMBERSHIP REGISTRATION

Name: _____

Primary Phone: _____ Secondary: _____ Other: _____

Address: _____

City: _____State:_____ Zip: _____

E-Mail Address_____ City Limits of Statesville: _____ Inside _____Outside

Date of birth: _____

Emergency Contact: _____Phone:_____

If Corporate Membership, place of employment _____

Please register me for the following Fitness Center Membership: Annual 6 Month Monthly Daily

Method of payment: Check Cash Credit

Payroll Deduction Annual Total: _____ Amt/pay period: _____ # of pay periods: _____

_____Individual (Ages 18-54) _____Youth (Ages 13-17) _____Seniors (Ages 55+) _____Family

Please list additional individuals included in membership:

Name	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Memberships are non-refundable and non-transferable.
The City of Statesville Recreation & Parks Department complies with the Americans with Disabilities Act. Please contact us if you or a family member requires special medical assistance or have special needs.

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering for and participating in the fitness program(s), or by registering your minor child/ward for participation in the fitness program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of these program(s) and you will be required to indemnify, hold harmless the City of Statesville Recreation & Parks Department and the City of Statesville for any claims arising out of participation in said program(s).

Registered sex offenders are prohibited from all City of Statesville Recreation & Parks Department properties and facilities. Monies paid in violation of this policy will be forfeited.

Risk of Injury: "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program." Release from Liability: "I do hereby fully release and discharge the City of Statesville Recreation & Parks Department and the City of Statesville and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which may occur on account of participation in the program."

Indemnity and Defense: "I further agree to indemnify, hold harmless the City of Statesville Recreation & Parks Department and the City of Statesville and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the City of Statesville Recreation & Parks Department to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I hereby give The City of Statesville Recreation and Parks Department the right to take and permission to use photographs, videotapes and/or audiotapes of me, or in which I may be included with others for the intended purposes of media releases, brochures, flyers, or any other marketing related material used to promote Statesville Fitness & Activity Center.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instruction/coach, or waive the right to do so. I understand that immediately prior to any activity I have the right to inspect the facilities or equipment and will notify the instructor/coach, supervisor, or the City of any objection to the connection therein.

_____ _____

Signature Parent / Guardian / or Participant if 18 & over Date