



Chicago Ridge Park District Frontier Park Fieldhouse



Website

www.chicagoridgeparks.com

Fitness Contract

Text FOLLOW #fitnesscenter to 708-634-5007 for Fitness Center Info

Name _____ Date of Birth ____/____/____ Phone _____

Address, City, State, Zip _____ FOB ID # _____

Email Address _____ FOB RETURNED ____/____/____

Emergency Contact _____ Emergency Phone _____

MEMBERSHIP TYPE: Walk Fitness Resident Non-Resident 14-17 yrs Adult Senior (55+)
 Annual Membership 6-Month Membership Add-On Member Renewal Punch Pass (18+)
(Good for one year)

CONTRACT EXPIRATION DATE: ____/____/____ HC / TIVITY ID # _____

Residents of the Chicago Ridge Park District must have VALID ID to purchase or renew a membership at the discounted resident rate.

PAYMENT TYPE: Cash Check # _____ Credit Card Gift Certificate Discount Type _____

PAYMENT: \$ _____ (FOB \$ _____) DATE _____ Authorized Staff Signature: _____

WARNING OF RISK

Aerobic and other fitness exercises, including such items as weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, pose a substantial risk of injury. You are responsible for determining if you are physically fit for these activities. It is always advisable to consult a physician before undertaking a physical exercise program.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in signing up and participating in this program will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

Persons aged 14-17 must complete an equipment orientation before using the fitness center.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, (including death), damage or loss, which I may accrue to me on account of participation in the program.

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, (including death), damages and losses sustained by me or arising out of, connected with, or in any way associated with activities of the program.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above risk warnings of the program, Waiver and Release of All Claims and Permission to Secure Treatment.

Participant's Signature _____ Date: _____
(or parent/guardian of 14-17 year old-ORIENTATION REQUIRED FOR MINORS)

Orientation Completed (staff signature) _____ Date: _____