



# Membership Application and Waiver and Release of Liability

Member's Name: \_\_\_\_\_

Member's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact/Number: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Children ages 12-17 may use the fitness center only when accompanied by their own parent. The parent must remain in the fitness center at all times.

### Expectations:

All members of the Parkview School District Fitness Center are expected to display appropriate behavior at all times when using the fitness center. Members behaving inappropriately may have their membership revoked. Refunds for out of district members will not be given.

### Liability Release: (All adults must sign)

I understand and appreciate that there are a number of inherent risks involved with using the Parkview School District Fitness Center and, therefore, agree to follow any and all safety standards, guidelines and procedures established for using the Parkview School District Fitness Center. I agree to assume responsibility for any and all past, present, or future loss or damage to property and/or bodily injury, including death, however caused, including negligence, from or arising out of or in any way connected with my using the fitness center. To this end, I irrevocably and unconditionally waive on behalf of myself, my heirs or legal guardian, any and all claims, demands, rights, damages, costs, losses, suits, actions, causes of action, attorneys' fees and expenses, of any nature whatsoever, against the Parkview School District, its officers, employees, volunteers, agents, and their heirs, executors and assigns for any injuries, foreseen and unforeseen, that should occur from my using the Parkview School District Fitness Center.

**Use of the Parkview Fitness Center by District Employees is strictly voluntary.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- District Resident: Senior Citizen (65 or older)..... \$25 per year  
 (circle one) Single..... \$50 per year  
 Couple..... \$100 per year  
 Fire, Police, EMT or Veterans residing within district-\$25 per year  
 Daily..... \$5 per day

- Non-resident Single..... \$150 per year  
 Couple..... \$200 per year  
 Daily Fee..... \$5 per day

- District Employee .....No Fee

- Key Fob Fee (refundable upon return) ..... \$10

**Hours**

**Monday – Friday**  
 Supervised hours: 3 – 6:30 p.m.  
 Extended hours for members: 6:30 – 10 p.m.

**Saturday and Sunday**  
 Supervised hours: 12 – 4 p.m.  
 Extended hours for members: 4 – 8 p.m.