

INTERNAL USE ONLY

Enrollment Fee *non-refundable*

- Individual (\$50)
- Additional (\$30)
- Special _____

Monthly (EZ Pay)

minimum 12 month commitment

- Individual Adult (\$47 R / \$53 NR)
- Additional (\$24 R / \$27 NR)
- Forever Young (62+ yrs) (\$42 R / \$47 NR)
- Youth (12-17 yrs) (\$42 R / \$47 NR)

Annual *minimum 12 month commitment*

- Individual Adult (\$517 R / \$583 NR)
- Additional (\$264 R / \$297 NR)
- Forever Young (62+ yrs) (\$462 R / \$517 NR)
- Youth (12-17 yrs) (\$462 R / \$517 NR)

R = Resident. NR = Non Resident.

STAFF INITIAL _____

DATE _____

Checked proof of residency

I understand that my membership contract has a minimum term of 12 months. If I wish to terminate my membership prior to 12 months, a \$75 fee is applied at time of cancellation and I forfeit the use of the fitness center thereafter.

If I chose to cancel, I will abide by the terms of this contract and provide written notice a minimum of 5 days' notice prior to the next monthly payment draft in order to cancel.

Cancellation by phone, email, or fax will not be accepted.

After 12 months of continuous monthly membership dues, the cancellation fee no longer applies.

I have read and understand the cancellation rights and billing policies on this contract.

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Add'l Phone _____

Email _____ Birth Date _____

Emergency Contact _____

Emergency Phone _____ Relation _____

Interested In

- Tour
- Personal Training Assessment
- Nutrition Assessment
- Equipment Orientation
- Personal Training Starter 3-Pack

How did you hear about this activity? _____

Why did you choose this activity? _____

Have you seen any of our ads? _____

I understand that my membership contract has a minimum term of 12 months. If I wish to terminate my membership prior to 12 months, a \$75 cancellation fee is required with my cancellation and I forfeit the use of the fitness center thereafter.

After 12 months of continuous membership dues, the cancellation fee no longer applies.

If I chose to cancel, I will abide by the terms of this contract and provide a minimum of 5 days' notice prior to the next payment draft in writing in order to cancel.

Cancellation by phone, email, or fax will not be accepted.

I have read and understand the cancellation rights and billing policies on this contract.

Participant's Signature

Date MM/DD/YY

New Member Special

STARTER 3-PACK

INCLUDES 3 PACK OF 1-HOUR PT SESSIONS FOR \$125

Try out personal training, get an intro to equipment, design a fitness program for you!

All-Inclusive members only new to personal training.



Membership All-Inclusive | Agreement

TERMS AND CONDITIONS

Members must scan in at the fitness desk before participating in any activities. I realize that by choosing a Full Year Payment or monthly EZ Pay Payment option I have agreed to a specific membership with a specific price frame. I am aware that in order to cancel my membership at any time I need to complete a termination of membership agreement form. All memberships will be assessed a \$75 cancellation fee if cancelled before the 12 month commitment has expired. There is no refund of the prior or current monthly payments; a cancellation of the future months' charges will be allowed. Fees will not be waived if member moves. I am also aware that if I cancel my membership or it is auto-cancelled, I will be required to pay the \$75 cancellation fee and applicable enrollment fee to reactivate my membership after 30 days.

MEMBERSHIP TERMS & CONDITIONS (Proof of Age & Residency Required)

Individual Adult Members Adults (age 18+ yrs) and Forever Young Members (age 62+ yrs)

Must provide 2 forms of proof including driver's license, state ID and/or utility bill Proof of Residency.

Additional Family Members

A primary membership* must always maintain an active status. If at any time the primary membership becomes inactive, an additional family membership will default to a primary membership status.

Additional family members must live at the same address & provide proof of residency. Households can consist of a maximum of two members age 26 and older.

Youth Members (ages 12-17 yrs)

Must provide 1 form of proof including a piece of mail from school, report card and/or transcript with address listing. All individual and additional memberships require a 12 month commitment.

EZ PAY

EZ Pay is the required payment method of all monthly memberships. Full Year memberships can be paid via a check or credit card.

I have authorized the Carol Stream Park District to electronically collect monthly dues for a specific membership with a specific price on the first of the month indefinitely. I am aware that my membership will remain active unless cancelled. The EZ Pay monthly withdrawals will only cease if one of the following conditions is met: a) an alternative payment method is sought, b) the fitness membership is cancelled, c) CSPD chooses to revoke the payment option or d) my membership is placed on temporary hold due to illness or injury with a required doctor's note. The fees associated with this membership can change with a 30 day notice from The Carol Stream Park District. I must provide written notice of any changes to my bank account or credit card with 5 business days prior to my next draft. Monthly fees will not be prorated.

MEMBERSHIP CARDS

After the first replacement card, there is a \$5 fee for future cards.

PREVENTATIVE MAINTENANCE

As part of our annual preventative maintenance program Fountain View Fitness may close for up to one week. The closure period is figured into the membership fee schedule; therefore no adjustments will be made to memberships for closures less than the scheduled one week.

WAIVER & RELEASE

The Carol Stream 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 Carol Stream 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 underlying 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 cannot 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 Carol Stream 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 injuries
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 Carol Stream 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.

Participant's Name (Print)	
Participant's Signature	Date MM/DD/YY
Parent/Guardian Name for children under 18 (Print)	
Parent/Guardian Signature	Date MM/DD/YY