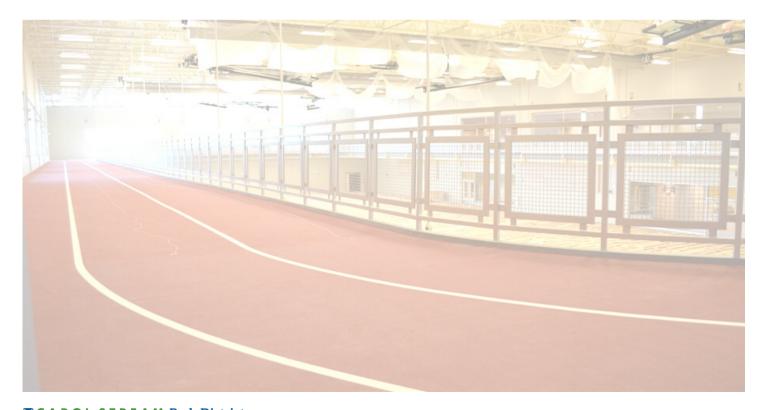


# Track Membership | Agreement

Annual  R = Resident. NR = Non Resident.  Individual (\$90R/\$110NR)	NameAddress	
marvidua (\$5010 \$710141)	City	State Zip
INTERNAL USE ONLY	Cell Phone	Add'l Phone
STAFF INITIAL DATE MM/DD/YY	Email	Birthdate
CHECKED PROOF OF RESIDENCY		EMERGENCY CONTACT INFORMATION ————————————————————————————————————
MEMBERSHIP START DATE MM/DD/YY	Name	
	Phone	Relation
	How did you hea	er about this activity?

Have you seen any of our ads? ☐ Yes ☐ No



MCAROL STREAM Park District



# **TERMS & CONDITIONS**

I realize that by choosing a full year payment, I have agreed to a specific membership with a specific price frame of one year.

#### **PROOF OF RESIDENCY**

(Proof of Age Residency Required)

Individual Adult Members Adults (age 18+) and Senior Members (age 62+)

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

Youth Members (ages 14-17)

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

# **AUTOMATIC PAYMENT**

Automatic payment is the required payment method of all monthly memberships. Full year memberships can be paid with 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 remains active unless cancelled. The automatic payment monthly withdrawals only cease if one of the following conditions is met: (a) an alternative payment method is sought, (b) the fitness membership is cancelled, (c) Carol Stream Park District 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 are not prorated.

# **CANCELLATION POLICY**

Full year membership paid in full there are no refunds and prorations for track memberships.

# **MEMBERSHIP USAGE**

Members must scan in at the front desk upon arrival. Memberships are not transferrable and may not under any circumstance be shared. Amenities which are not included in your membership may not be used. Violations result in a suspension of membership (without credit or refund) and \$50 fine. Upon payment of the fine, membership abuse may be subject to termination of membership.

#### WALKING TRACK GUIDELINES

- Membership includes usage of the lockers in the studio hallway.
- Minimum age 12.
- Proper attire required.
- No pets.
- No fitness equipment.
- Small hand and ankle weights from home allowed.
- Stay in the designated walk or run lanes.
- Groups under two people wide.
- No spectators.

# Track Membership | Agreemen

# 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 are made to memberships for closures less than the scheduled one week.

#### MEMBERSHIP CARDS

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

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 & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Read this form carefully and be aware that in signing up and participating in this program/activity, you are 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 online, my online 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

FOR CHILDREN UNDER 18	
Parent/Guardian Name PRINT	
Parent/Guardian Signature	Date MM/DD/YY