

INTERNAL USE ONLY

1 Month
R = Resident. NR = Non Resident.
 Student (\$35R / \$41NR)

3 Months
R = Resident. NR = Non Resident.
 Student (\$99R / \$115NR)

STAFF INITIAL _____
DATE MM/DD/YY

CHECKED PROOF OF RESIDENCY

MEMBERSHIP START DATE MM/DD/YY

Name _____

Address _____

City _____ State ____ Zip _____

Cell Phone _____ Add'l Phone _____

Email _____ Birthdate _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone _____ Relation _____

Interested In


Tour Personal Training Assessment

Equipment Orientation Personal Training Starter 3-Pack

How did you hear about this activity? _____

Have you seen any of our ads? Yes No

New Member Special



STARTER 3-PACK

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

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

Proof of Residency

(Proof of Age Residency & Education Required)

Residency Proof

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

Education Proof

- 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.

CANCELLATION POLICY

Student memberships are paid in full. There are no refunds or prorations for this membership.

MEMBERSHIP USAGE

Members must scan in at the front desk upon arrival and at the fitness studios before classes. Memberships are not transferrable and may not under any circumstance be shared. Violations result in a suspension of membership (*without credit or refund*) and \$50 fine. Upon payment of the fine, membership privileges are reinstated. Repeated membership abuse may be subject to termination of membership.

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 |