

# Waiver

#### **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.

## **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 defaults 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 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.

#### **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.

# Get the App

Use your phone as your membership card.



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

Participant's Name PRINT

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