



RecTrac #: _____



FitnessNOW Annual Renewal Membership Form

Warrenville Park District – 3S260 Warren Ave. Warrenville, IL 60555 – 630-393-7279

Primary Member Name: _____

Date: _____

*Has your household information changed in the last 12 months? Yes, Complete Changes Below No, Proceed to Fees

Street Address:		Secondary Member/s & Date of Birth: _____ _____ _____ _____ _____ _____
City/State/Zip:		
Primary Phone:		
Cell Phone:		
Email:		
Emergency Contact Name & Phone Number:		
Accommodations/Allergies		

Membership Type:	
Total Payment:	\$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa/MC/Discover	
Credit Card # _____ - _____ - _____ - _____	Exp. _____
Authorized Signature: _____	

Payment:

Annual Payment in Full: You elect to pay for twelve months in advance. This membership is annual. Paid-in-full memberships do not self-renew.

PAYMENT OF FEES: You hereby authorize the Warrenville Park District to process the above charges to renew your membership.

Initial

DUES & OTHER CHARGES: The Warrenville Park District shall determine the amount and terms of payment of dues. Fees must be paid in Full for Annual 12 month Memberships. There will be a \$25 service charge added to your account for: Checks returned for non-sufficient funds.

Initial

RENEWAL POLICIES: Annual Membership holders will be sent a notice in the mail one month prior to date of expiration. To complete the renewal process, member must complete renewal paperwork and pay the appropriate fees in person at the registration office; if no action is taken the membership will end upon expiration date. _____ **Initial**

CANCELLATION OF MEMBERSHIP: Annual memberships will not be cancelled or extended due to lack of use. Memberships may be cancelled for the following: 1) Illness/Injury-Upon written advice from physician. 2) Moving more than 25 miles away-(Proof of forwarding address required. Forms-Cancellation/Refund forms for FitnessNOW memberships are available: At the Registration Office, 3S260 Warren Avenue, Warrenville, IL 60555, Online at www.warrenvilleparks.org, forms, print, sign and return to Registration office, or Email your request to info@warrenvilleparks.org, Attention: Michelle Savage. _____ **Initial**

SATISFACTION GUARANTEE: The Warrenville Park District guarantees your satisfaction with FitnessNOW during the first 15 days. If you are not completely satisfied, we will refund your membership fee. Note: Check refunds may take between 30-60 days to receive a full refund.

Initial

BEHAVIOR MANAGEMENT: All members and participants must adhere to the Warrenville Park District's Behavior Management/Code of Conduct Policy. This includes refraining from harassment of any kind to other members, participants or staff. _____ **Initial**

Acknowledgment of Membership Agreement:

I (We) wish to purchase the above selected membership at FitnessNOW. I (We) certify that all of the information provided on this form is true and correct. I (We) understand that the Warrenville Park District may verify this information, and that misrepresentation of the information may result in denial of membership privileges. As a member(s), I (We) agree to conform to and be bound by the rules, regulations and policies of Warrenville Park District, as they may be amended.

Member Signature: _____

Date: _____

Accepted by: staff member initial and date: _____

Warning of Risk

The Warrenville 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 Warrenville 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.

You are solely responsible for determining if you or your minor child/ward is 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 physical activity.

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, pose a substantial risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, slipping, falling, equipment failure, and failure in supervision/instruction, premises defects and all other circumstances inherent to recreational activities/programs exist. Dependent upon a person’s physical condition, age, and skill level, aerobics and fitness exercises 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 or circulatory problems | 4. Shin splints |
| 2. Bone and joint injuries | 5. Muscle strain and other muscle injuries |
| 3. Back and neck injuries | 6. Foot problems |

FitnessNOW 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 associate with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of any and all machinery, equipment and apparatus designed for exercising shall be at my or my minor child/ward’s sole risk. Notwithstanding any consultation or instruction on exercise programs which may be provided by the Warrenville Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be my or minor child/ward’s entire responsibility, and that the Warrenville Park District, including its officials, employees, agents and volunteers (hereinafter collectively District) shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I have informed the Warrenville Park District of any medical condition or special accommodations I require to participate in fitness programs.

As a member, I agree to conform to and be bound by the rules, regulations and policies of Warrenville Park District, as they may be amended.

[Redacted signature area]

PRINT Participant Full Name	ADULT PARTICIPANT/PARENT/GARDIAN SIGNATURE *	DATE
	*If under 18 years of age, signature of parent/guardian	

PARTICIPATION WILL BE DENIED, if the signature of adult participant or Parent/guardian and date are not on this waiver.