



Shiocton Fitness Center . . . Physical Fitness: For School. For Community. For Life.

Shiocton Community Fitness Center Membership Application

Member's Name: _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

(check one)

- I am an adult resident of the Shiocton Community School District (18 yrs or older)
- I am a non-resident of the Shiocton Community School District (18 yrs or older)

Membership (check one):

- Individual adult \$100/annual
- Individual adult \$12/month
- College student \$40/annual
(must show ID)

Enclose a check payable to Shiocton School District

Liability Release (All adults must sign): (continued on back)

I would like to use the weight lifting facilities and equipment at the Shiocton School District Weight Room. I am aware that using exercise and weight lifting equipment can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of working out with exercise may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and aspects of the muscular system, and serious injury or impairment to other aspects of my body, general health and well-being.

I understand that the dangers and risks of participating in a workout with exercise and weight lifting equipment may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and

generally enjoy life. Because of the dangers of working out with exercise equipment and weight lifting equipment, I recognize the importance of following instructions regarding proper use of the equipment, appropriate training and other rules, etc., and to agree to obey such instructions.

In consideration of being presented this opportunity to use the weight lifting facilities and equipment at the Shiocton School District and in acknowledging that I am aware of and willing to assume the risks associated with use of exercise and weight lifting equipment, I hereby voluntarily agree to waive, hold harmless and indemnify of the Shiocton School District from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary use of the weight lifting facilities and equipment at the Shiocton School District.

I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

Name (Print): _____

Signature: _____ Date: _____