

**WAUCONDA PARK DISTRICT  
FITNESS FIRST & OPEN GYM REGISTRATION FORM**



RESIDENT \_\_\_\_\_ NONRESIDENT \_\_\_\_\_ FITNESS \_\_\_\_\_ OPEN GYM \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-MAIL \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT (Name & Number) \_\_\_\_\_

**WAIVER SIGNATURE**

1. \_\_\_\_\_ Date: \_\_\_\_\_
2. \_\_\_\_\_ Date: \_\_\_\_\_
3. \_\_\_\_\_ Date: \_\_\_\_\_
4. \_\_\_\_\_ Date: \_\_\_\_\_
5. \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I acknowledge that I have read the waiver and release of all claims and the assumption of risk located on the reverse and agreed to its terms.

**PLEASE SIGN WAIVER ON REVERSE SIDE.**

**OFFICE USE ONLY BELOW**

	STARTING DATE	ENDING DATE	RECEIPT NUMBER	AMOUNT PAID	MEMBERSHIP TYPE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

# WAUCONDA PARK DISTRICT - FITNESS FIRST & OPEN GYM WAIVER FORM

The Wauconda 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 Wauconda Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity 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 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 physical activity.

## **WARNING OF RISK**

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 perpetration, instruction, medical advise, 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, 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 and circulatory problems | 4. Shin splints                     |
| 2. Bone and joint injuries                       | 5. Muscle strain and other injuries |
| 3. Back and neck injury                          | 6. Foot problems                    |

## **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK**

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 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 consolation or instruction on exercise programs, methods and types of equipment shall be my or my minor child/ward's entire responsibility, and the Park District, including its officials, employees, agents and volunteers 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 Wauconda Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for an have the same legal effect as an original form signature.

\_\_\_\_\_  
(Please print participant's name)

\_\_\_\_\_  
(Participant's signature-Must be 18 years or older or Parent/Guardian)

\_\_\_\_\_  
(Date)

.....  
**PARTICIPATION WILL BE DENIED**

**If the signature of adult participant or parent/guardian and date are not on the waiver**