

PENNS MANOR AREA

Fitness Center

MEMBERSHIP AND LIABILITY FORM

Name: _____

Address: _____

Phone #: _____

Gender: ___M ___F Age: _____

Doctor Name: _____

Phone # & Address: _____

Type of Membership Requested:

Resident: _____ Single _____ Family (FAMILY - Husband, wife and children under 21. Children must
Senior : _____ Single _____ Family be enrolled in 6th grade or higher. Immediate family only)
Vol Fire Dept _____ Single _____ Family Must show ID
Police or Military _____ Single _____ Family Must show ID
School Employee _____ Single _____ Family
Full Time College _____ Annual _____ Summer
Non-Resident _____ Single _____ Family No Discounts Apply

Family - List names for cards needed:

Spouse _____

Dependents _____

For Office Use Only

Type Of Membership: _____ Membership #: _____

Amount Paid : _____ Check # _____ Cash _____ Date _____

WAIVER AND RELEASE OF LIABILITY

There is a risk of personal injury due to the inherent nature of exercise activity and the use of the equipment and other facilities of the Fitness Center that are an integral part of exercise activity. It is strongly recommended that you consult with your doctor before engaging in any activities or using any equipment at the Fitness Center. It is further recommended that you have sufficient health care coverage in the event of an injury or illness to you.

In consideration of being permitted to participate in exercise activities and being permitted to use the equipment and other facilities of the Fitness Center, I hereby acknowledge and agree that:

1. I risk bodily injury such as paralysis and dismemberment and I risk medical disorders such as heart attack, stroke and heart stress and I risk death. I also risk loss or damage to property
2. I knowingly and freely assume all risks related thereto, and that I elect to participate in exercise activities and use the equipment and facilities at the Fitness Center in spite of and with full knowledge of the risks related thereto.
3. I, and for myself and my heirs, executors, administrators, successors and assigns

and next of kin, do hereby release the Penns Manor Area School District and its employees, officers, directors, agents, officials and volunteers, and their respective, heirs, successors and assigns, from all liability and I hereby release, waive, forever discharge and covenant not to sue Penns Manor Area School District, and its employees, officers, directors, agents, officials and volunteers, and their respective heirs, successors and assigns, from and against any and all claims, costs, damages, liabilities, expenses of any nature, including attorney's fees and court costs, and judgments that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, illness or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, except that which is the result of gross negligence and/or willful or wanton misconduct, arising in the course of or as a result of engaging in exercise activities or using the exercise equipment or other facilities of the Fitness Center or while I am in the Fitness Center.

I have read the above Waiver and Release of Liability above, and I hereby acknowledge and understand the risks and knowingly and voluntarily agree to accept full responsibility for my exposure to all such risks. I further understand that by so agreeing and by signing this form I am giving up substantial rights.

Participant's Signature

Date signed

Parent or Guardian Signature required if participant is less than 18 years of age

I/We hereby certify that I/we am/are the parent, legal guardian or otherwise responsible for the minor child. I/We have read the preceding Waiver and Release of Liability, and I/we, for myself/ourselves, and for my/our minor child, and my/our respective, heirs, executors, administrators, successors and assigns, and the heirs, executors, administrators, successors and assigns of the minor child, hereby agree to and accept all of the terms of the Waiver and Release of Liability set forth above and which is incorporated in its entirety in this paragraph. I/We hereby acknowledge that I/we have read and understood the Waiver and Release of Liability set forth above, that I/we have signed this form voluntarily, and that by signing this form I/we am/are giving up substantial rights for myself/ourselves and/or our minor child and that it is my/our intent that the Waiver and Release of Liability set forth above and incorporated herein shall be binding on me/us and on my/our minor child.

Signature of Parent/Guardian

Date Signed

Parent/Guardian Name & Relationship