

Chicago Heights Park District Fitness Club Membership

Date Application Completed: ____________

Name: Mr.\Mrs.\Ms. _____

Home Address: _____

City: _____

Phone: _____ E-mail: _____

Fill in Names of Spouse, Children and Ages:
(if applying for Spouse or Family Memberships)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

American Disabilities Act (ADA) Compliance Statement

In compliance with the American with Disabilities Act, the Chicago Heights Park District will make all reasonable efforts to accommodate persons with disabilities. Please indicate on this form any special needs:

Waiver Release of all claims and Hold Harmless Agreements for Chicago Heights Park District

Read Carefully:

Please read this form carefully and be aware that in signing up and participating in Chicago Heights Park District programs you will be waiving and releasing all claims for injuries arising out of these programs that you or the other named participants might sustain. The terms "I", "Me", and "My" also refer to parents or guardians, as well as participants in the programs. In registering for these programs you are agreeing as follows:

As a participant in these programs I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss of which I may sustain as a result of participating in any manner in any and all activities connected or associated with such programs. I further recognize and acknowledge that all athletics involving strenuous exertion or potential contact are hazardous recreational activities and involve a substantial risk of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Chicago Heights Park District and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors and any and all other persons and entities of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as the released parties in the remainder of this agreement.)

I do hereby fully release and discharge the Chicago heights Park District and the other related parties from any and all claims for injuries, damage or loss which I may have or which may occur to me on account of my participation in these programs.

I further agree to indemnify, hold harmless, and defend the Chicago Heights Park District and any and all other released parties from any and all claims resulting from injuries, damages, and losses sustained by anyone and rising out of, connected with or any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as participation in the programs and activities referred to in the agreement include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment apparatus, and anything related to my use of the services, facilities, or premises in these programs and transportation to and from any events.

I understand the nature of these programs for which I am registering and have read and fully understand the Waiver Release and Hold Harmless Agreement. I further understand that any advertisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this agreement.

Signature

Printed Name

Chicago Heights Park District Fitness Club Membership Rates

	Resident	Non-Resident
Individual (1 year) – Over 18	\$170	\$220
Individual (6 months) – Over 18	\$125	\$165
Husband and Wife (1 year)	\$195	\$265
Husband and Wife (6 months)	\$135	\$200
Parent and Child (1 year) (13 – 17 years)	\$195	\$265
Parent and Child (6 months) (13 – 17 years)	\$135	\$200
Family* (1 year)	\$230	\$320
Family* (6 months)	\$145	\$220
Full Time College (1 year) (*transcripts, college and Chicago Heights ID required)	\$60	N/A
Senior (1 year)	\$50	\$100
Senior (6 months)	\$30	\$50
Senior Husband and Wife (1 year) (*Senior age is 63 and over)	\$70	\$110
Senior Husband and Wife (6 months) (*Senior age is 63 and over)	\$40	\$60
Swim Member	\$60	\$85
Additional Swim Member Over 18	\$25	\$25
Veterans	\$50	N/A
3 Month Summer Pass (*Students Only – School ID Required)	\$30	N/A

FAMILY: Mother, Father and Children ages 13 – 17 years old

*PARENTS: All children within the family membership must be accompanied by a parent at all times.
(No guest memberships allowed)*

As a member, you are required to carry your I.D. card and present it to the office upon arrival in the building. Proper attire is always required. Please be courteous of other guests using the facility. The time limit for the use of each machine is 20 minutes. Please use caution when playing ball in the gym or using the track.

**Free Weight Room: 18 years of age and older are allowed in the Free Weight Room
Universal Workout Room: No children under the age of 16 will be allowed in this room**

I.D. is required for Chicago Heights Residents to obtain resident rate.

OFFICE USE ONLY

Today's Date: _____ Expiration Date: _____

Membership I.D. #: _____ Amount Paid: _____

Cash: _____ Credit Card: _____ Staff Initial: _____

New Membership: _____ Renewal: _____