AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the BCLUW Community School District and to use its facilities, equipment, and machinery, in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the BCLUW Community School District and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment at the BCLUW Community School District.
_____ (please initial)

2. I understand and am aware that strength training and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
_____(please initial)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the BCLUW Community School District or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities.
_____ (please initial)

4. I have received, reviewed, and agree to the Fitness Center Community Use Procedures and rules listed. I understand that district administration has authority over all aspects of fitness center use, and for any violation of stated rules or other behaviors or actions deemed inappropriate by district administration, that my membership may be canceled and key fob deactivated. **_____ (please initial)**

make sure you have initialed all 4 sections above before completing and turning in this form

Name (Print)_____ Date _____

Signature:_____

BCLUW Fitness Center Membership Form

Name: Date:

Address:

Email:

Cell Phone: Home Phone:

Fitness center hours, subject to change:

Mornings: Monday - Friday 5:00 AM - 6:00 AM

Evenings: Monday - Thursday & Sunday 6:30 PM - 8:00 PM

This part will be filled out by office staff or administration:

KEY FOB Number Issued _____

$150 Single Membership, in-district	
$50 College Student **MUST SHOW COLLEGE ID**	
No Charge - BCLUW Employee - Coach	
$50 BCLUW Employee, other	
$250 Single Membership, reside out of district	
DEPOSIT - KEY FOB ($10)**	
TOTAL:	

Check or cash payment only

*Not accepting a monthly payment (annual fee to be paid in full). A membership starting August 1 or later will be half the fee listed for the remainder of the calendar year

**$10.00 deposit refunded upon return of Key Fob

*** There is a $20 fee to replace a lost/stolen key fob

(Person checking out Key Fob) *ORIGINAL COPY TO OFFICE……COPY TO KEY FOB USER*