O'Brien Recreation Fitness Center Membership Form

REGISTRATION FORM

Members must be 16 years of age.
Senior citizen age is 62 and older.

SOUTH BEND PARKS AND RECREATION

Primary Member in Household
(Print)

NAME (LAST) (FIRST) (DATE OF BIRTH)

ADDRESS (STREET)

CITY, STATE, ZIP

PHONE (HOME) PHONE (WORK)

EMERGENCY CONTACT NAME PHONE

Additional Family Members, as listed on current tax forms and living at same address
(Print)

NAME AGE

NAME AGE

NAME AGE

NAME AGE

MEMBERSHIP TERMINATION: O'Brien Fitness Center staff reserve the right to terminate membership privilege due to the following reasons: inappropriate language, aggressive behavior, destruction of property or equipment, illicit use of drugs and alcohol, and/or behavior deemed inappropriate by O'Brien Recreation Center staff.

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the City of South Bend's Park and Recreation Department O'Brien Fitness Center 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 City of South Bend and its Board of Park Commissioners, its officers, agents, employees, and representatives, released parties from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all the released parties and any other acting upon their behalf from any responsibilities or liability for any injury or damage to myself including acting on their behalf or in any way arising out of or connected with my participation in any activities of the City of South Bend's Parks and Recreation Department, O'Brien Fitness Center or the use of any equipment at the City of South Bend's Parks and Recreation Department O'Brien Center. **(PLEASE INITIAL _____)**
2. I understand and am aware that strength, flexibility, 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 City of South Bend's Parks and Recreation Department O'Brien Fitness Center or use of equipment or machinery except as here in after stated. I do hereby acknowledge that I have been informed of the need for a physician's approval from 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 a 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 my 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 and activities, and utilization of equipment and machinery in my activities. **(PLEASE INITIAL _____)**

Signed: _____ Date: _____

Email Address: _____