



Primary Member Information:

Form with fields for First Name, Last Name; Street Address; City/State/Zip; Primary Phone; Cell Phone; Email; Gender; Birthdate (MM/DD/YYYY); Emergency Contact Name; Emergency Contact Phone.

Americans with Disabilities Act special needs? [] Yes [] No
Full Name of Participant: _____ A.D.A. Statement: The Plainfield Park District intends to comply with the spirit of the Americans with Disabilities Act. If you need special accommodations, please call (815) 436-8812 so we may make the necessary arrangements for you.
Referral Member:

Table with columns: Contract Fitness Options, Non-Resident Fee, Fees. Includes checkboxes for membership options and fee breakdown.

Please CHOOSE ONE of the Following Below (1. Monthly or 2. Annual)

[] 1. Monthly EFT Payment Plan: \$ _____ per month beginning ____/____/____ for twelve months, after which it becomes self-renewing on the 17th of each month.

PAYMENT OF FEES: You hereby authorize the Plainfield Park District to process the above charges or withdrawals by Electronic Funds Transfer (EFT) as indicated on your membership application. _____ Initial

EFT Membership Only: EFT Memberships will continue on a month-to-month basis after the initial 12 month term at the prevailing membership rate, until cancelled by member. Fifteen (15) days advance written notice of any changes will be provided.

EFT ONLY-TERMINATION OF MEMBERSHIP: Any suspended fitness membership with unpaid dues after 55 days will be considered in default of this membership agreement. Memberships in default will be terminated. Upon termination of membership, no refund of dues or other fees shall be issued.

[] 2. Annual Payment in Full: You elect to pay for twelve months in advance. This membership is annual. Paid-in-full memberships do not self-renew.

ANNUAL-RENEWAL POLICIES: Annual Membership holders will be sent a notice in the mail one month prior to date of expiration. To complete the renewal process, the member must complete renewal paperwork and pay the appropriate fees in person at the registration office;

PAYMENT and TERMS (All Initial Boxes Must Be Completed Below):
You hereby authorize the Plainfield Park District, or its affiliated companies, to undertake the above charges. _____ Initial
All-DUES & OTHER CHARGES: The Plainfield Park District shall determine the amount and terms of payment of dues. Fees may be Paid in Full for Annual 12 month Memberships or paid on a monthly basis through (EFT) Electronic Funds Transfer.

Acknowledgment of Membership Agreement: I (We) wish to purchase the above selected membership at PARC. I (We) certify that all of the information provided on this form is true and correct. I (We) understand that the Plainfield Park District may verify this information, and that misrepresentation of the information may result in denial of membership privileges. As a member(s), I (We) agree to conform to and be bound by the rules, regulations and policies of Plainfield Park District, as they may be amended.

Member Signature: _____ Date: _____
*If under 18 years of age, signature of parent/guardian

OVER – Waiver on Backside

Staff Use Only
Date: _____ Staff Initials: _____

Warning of Risk

The Plainfield 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 Plainfield Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant’s safety. However, participants and parents/guardians of minors registering for programs and memberships 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 is 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.

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 preparation, instruction, medical advice, 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, and 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 or circulatory problems | 4. Shin splints |
| 2. Bone and joint injuries | 5. Muscle strain and other muscle injuries |
| 3. Back and neck injuries | 6. Foot problems |

PARC Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associate with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any 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 consultation or instruction on exercise programs which may be provided by the Plainfield Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be my or minor child/ward’s entire responsibility, and that the Plainfield Park District, including its officials, employees, agents and volunteers (hereinafter collectively District) 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 District from any and all claims for injuries, damages or loss that I or my minor child/ward 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 important information, warning of risk, assumption of risk and waiver and release of all claims. I have informed the Plainfield Park District of any medical condition or special accommodations I require to participate in fitness programs.

As a member, I agree to conform to and be bound by the rules, regulations and policies of Plainfield Park District, as they may be amended.



PRINT Participant Full Name	ADULT PARTICIPANT/PARENT/GUARDIAN SIGNATURE *	DATE
	*If under 18 years of age, signature of parent/guardian	

PARTICIPATION WILL BE DENIED, if the signature of adult participant or Parent/guardian and date are not on this waiver.