



# Haltom Recreation Center

## Membership Registration Form

**PLEASE PRINT CLEARLY**

**\*Required Fields**

\*Name \_\_\_\_\_ \*DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Male  Female

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers' License No. \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

**Emergency Contact Information**

\*Name \_\_\_\_\_ \*Relationship \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Physician Name \_\_\_\_\_ \*Phone Number \_\_\_\_\_

**Please register me for the following membership (please check one):**

- \$ 30 Weight Room City Employee
- \$ 60 Weight Room Resident/Haltom City Business Owner
- \$120 Weight Room Non-resident
- \$ 30 Weight Room Resident – Family Member (living in household; max. 4 per family)
- \$ 60 Weight Room Non-resident – Family Member (living in household; max. 4 per family)
- \$150 Weight Room & Recreation Membership Non-resident

**Refund Policy**

Memberships are non-refundable and non-transferrable.

**OFFICE USE ONLY**

Date \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Paid:  Cash  Check – check no. \_\_\_\_\_

Staff Signature \_\_\_\_\_ Receipt number \_\_\_\_\_

ID Card Issued  Yes  No Badge Issued  Yes  No Number \_\_\_\_\_

Orientation Completed by \_\_\_\_\_ Date \_\_\_\_\_

# Haltom Recreation Center Informed Consent/Liability Waiver

I wish to participate in the Haltom Recreation Center weight room, programs, and/or activities. In consideration for my participation, I agree that the City of Haltom City, all city departments, employees, and vendors will not be responsible for any injuries or diseases I might suffer or contract while using these facilities. I use these facilities solely at my own risk.

1. I acknowledge that there are medical risks associated with my use of the facility and my participation in its activities. I understand that exertion and exercise involve risks of bodily injury.
2. I acknowledge that I am solely responsible for contacting my physician or other health care authority to determine whether I am physically capable of safely using the weight room and/or gymnasium and participating in its activities. I will abide by my health care provider's cautions, if any.
3. I am assuming all risk associated with my use, including but not limited to risks of personal injury, property loss, or other damages including risks associated with fitness and weight equipment, exercise, gymnasiums, lockers, or other related activities and facilities. This assumption of risks includes environmental, theft, and contagion risks in addition to risk associated with the actual use of fitness equipment or the participation in activities or exercise.
4. I will use the facility and participate in any offered activities, including but not limited to programs, training, contests, according to all applicable rules, policies, and schedules. The City of Haltom City maintains the right to deny me access to the facility or its activities at their discretion, and are expressly permitted to do so if I violate facility rules or conduct myself in a manner management deems inappropriate or disruptive.
5. I understand that my use of the facility and my participation in its activities is entirely voluntary. **I ASSUME RESPONSIBILITY FOR MY ACTIVITIES AND ANY ASSOCIATED HEALTH RISKS OR INJURIES WHICH MAY RESULT OR BE AGGRAVATED BY MY USE OF THE FACILITY OR MY PARTICIPATION IN ITS ACTIVITIES.**
6. The facility will not have someone watching me or other users at all times and does not assume responsibility for direction, supervision, or control of my or other user's conduct or activities at the facility or in its activities. In addition to my personal health and safety, I also accept responsibility for my belongings, whether locked up or not, and whether damaged or stolen.

In consideration of my participation at the Haltom Recreation Center, I release and discharge the City of Haltom City, all city departments, employees, and vendors, from any and all claims, demands, actions, or causes of action, and from any and all liability for any loss of property, damage, or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to my use of the facility, my presence in or about the facility, or my participation in its activities. This release shall be binding upon my heirs, administrators, executors, and assigns.

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGNED** this **Release and Waiver of Liability** and agree that no oral or written representations, statements, promises, or inducements apart from the written Agreement have been made.

Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_ Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_