



Application

Date: _____

Name: (First) _____ (MI) _____ (Last) _____ **Gender** _____ **D.O.B.** _____

Address: _____ **City:** _____ **State** _____ **Zip** _____

Phone: _____ **Email Address:** _____ **How did you hear about us?** _____

Emergency Contact Information: (Name) _____ (Phone) _____ (Relationship) _____

Types of Memberships

- **Student**-the minimum grade level for admission is 9th grade. Must show Greenfield High School ID for enrollment.
- **Faculty**-anyone who is employed by or a spouse of a School District of Greenfield employee.
- **City of Greenfield Employee**-anyone who is employed by or a spouse of a City of Greenfield employee.
- **Resident**-anyone who resides in the City of Greenfield, WI 53219; 53220; 53221; 53228.
- **Non-Resident**-anyone who does NOT live in the Greenfield School District, is not an employee of the district or the City.
- **Guest**-A guest will be allowed to accompany a member after registering and paying the designated guest fee (\$3.00). A member may bring only one guest into the facility at a time.

Fee Structure (Join for a year, get 1 month FREE)

• <u>Student, Faculty, City of Greenfield Employee, Resident Membership</u>	<u>Monthly</u>	<u>Annual</u>
	\$20.00	\$220.00
• <u>Non- Resident Membership</u>	<u>Monthly</u>	<u>Annual</u>
	\$30.00	\$360.00

Policies

- **Suspension of Membership**-A membership can be deemed suspended or revoked for any cause and/or conduct which is deemed inappropriate by School District of Greenfield Staff.
- **Fire drills** -We will do our best to inform members of periodic testing of evacuation procedures.
- **Locker Rooms**-Locker rooms are available for personal use. The School District of Greenfield is not responsible for lost or stolen items. If you will be using the locker rooms please lock up valuables.
- **Enrollment Verification**-Identification required proving membership status for enrollment.
- **Non-Sufficient Funds Fee**-There will be a charge of \$25 for checks that are returned NSF.

OFFICE USE ONLY

First and Last Name	Membership Type	Orientation	Cost	Payment Amount	Payment Method
	<i>Check ID</i>				Cash or Check



Healthy Body, Healthy Mind

WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDEMNIFICATION AGREEMENT

Waiver and Release: In return for being allowed to use the Greenfield Fitness Center, I agree and acknowledge as follows:

1. **ACKNOWLEDGEMENT OF RISK.** Use of the Greenfield Fitness Center involves inherent risks of serious injury or illness, including, sprains, strains, broken bones, tears, heart palpitations, and in rare cases, paralysis or death. These risks include, but are not limited to, those caused by over exertion, misuse or malfunction of equipment, slips, falls, and other negligent actions of myself or of staff, other members or guests.
2. **WAIVER OF LIABILITY AND RELEASE OF CLAIMS.** I do hereby fully and forever release, acquit, and discharge the Greenfield Fitness Center, the Greenfield School District and its employees, agents, representatives, successors and assigns (collectively the "Released Parties") from any and all liability whatsoever arising out of my use of the Greenfield Fitness Center and/or arising out of any injuries, losses or damages sustained by me or which may be sustained by me in the future as a result of any act, omission, representation, misrepresentation, violation of code or statute, breach of contract, negligence or breach of any duty or obligation of any nature whatsoever by me, by the staff, employees or agents of the Greenfield Fitness Center and the Greenfield School District, or any other user of the Greenfield Fitness Center, whether in law or in equity, whether sounding in tort, in contract or otherwise, or arising out of any use of, dealings with, contacts with, or events in any way connected with my use of or attendance at the Greenfield Fitness Center. I assume full responsibility for any risks arising out of my use of the Greenfield Fitness Center whether caused by the negligence of the Released Parties or otherwise. I do not release claims based on reckless or intentional acts or the acts by persons who are not one of the Released Parties.
3. **INDEMNIFICATION.** I agree to indemnify and hold harmless the Released Parties from any and all claims referenced in paragraph 2 above. I understand this obligation also includes paying or reimbursing the Released Parties for all costs incurred in defending such claims, including attorneys fees expended in defending such claims, whether such claims are made by me or someone on my behalf and regardless of the outcome of the claims.

With knowledge of the risks involved and the rights that I give up, I freely sign this binding Agreement and waive the rights I might otherwise have to bring a claim against the Greenfield Fitness Center and with full knowledge of my responsibility of indemnification of the Released Parties. I have considered that if this Waiver of Liability, Release of Claims, and Indemnification Agreement did not provide the protections it gives to the Released Parties, then the costs for using the Greenfield Fitness Center would be substantially higher. I do not wish to pay those substantially higher costs. I waive my right to negotiate for different terms of this Agreement.

X

SIGNATURE **DATE**

X

PARENT/GUARDIAN SIGNATURE ON BEHALF OF MINOR **DATE**

X

SIGNATURE ON BEHALF OF GREENFIELD FITNESS CENTER **DATE**



 Wheaton Franciscan Healthcare
St. Francis

NOTICE

Any fitness program and the use of the equipment and facilities of the Greenfield Fitness Center involves an inherent risk of injury or harm. Each person has a different capacity for participating in fitness activities. The risk involved in using the Greenfield Fitness Center is relative to each person's state of fitness or health and his or her awareness, care and skill when performing any activity at the Greenfield Fitness Center.

I use the Greenfield Fitness Center's facilities and equipment at my own risk. I am responsible for familiarizing myself with the equipment and facilities. I will use the equipment and facilities in such a way that avoids injury or harm to myself or others.

I represent that I am in good health, based upon a recent medical examination. I represent that I do not have any known physical condition or limitation that would make my use of the equipment and facilities of the Greenfield Fitness Center more dangerous.

The Greenfield Fitness Center, the Greenfield School District, their employees and agents are not responsible for advising or educating me or other users as to how to use the facilities or equipment or as to how to undertake a fitness program.

As I use the equipment and facilities and participate in activities at the Greenfield Fitness Center, I am aware of these risks, I assume these risks, and I recognize that injury, illness and possibly death may occur as a result of my participation in activities at the Greenfield Fitness Center and my use of the equipment and facilities.

X

SIGNATURE **DATE**

X

PARENT/GUARDIAN SIGNATURE ON BEHALF OF MINOR **DATE**

X

SIGNATURE ON BEHALF OF GREENFIELD FITNESS CENTER **DATE**