

ATHENS COMMUNITY CENTER ANNUAL MEMBERSHIP APPLICATION

Athens County Wellness Program

DATE OF APPLICATION: ___/___/___

* Memberships run for one year from date of Application.

- Membership packages are specific to guidelines and types. Use of general facilities during regular operational hours may include: the gymnasium, fitness room, jogging track, locker rooms, and leisure opportunities in our lobby. Misuse or falsification will result in termination, with no refund.
- There may be additional fees for *classes, clinics, room rentals, or special events*, although a discounts for classes will be provided.
- The Athens Community Center reserves the right to schedule facilities as deemed necessary.

ANNUAL MEMBERSHIP FEES: Wellness Program

Household (*Children under age 19*) _____ \$100.00

Adult (*Agency Employee*) _____ \$0.00

NO PARTIAL PAYMENTS – FULL PAYMENT IS DUE AT TIME OF APPLICATION

PAYABLE TO: *Athens Community Center*

AMT DUE \$ _____ AMT PAID \$ _____ RECEIPT # _____ STAFF _____

CHECK # _____ CREDIT CARD _____ CASH _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the Athens Community Center for any purpose, including, but not limited to: observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering, will inspect such premises and facilities. It is further warranted that such entry into the Athens Community Center for observation, participation or use of any facilities or equipment constitute and acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonable suited for the purposes of such observation or use.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Athens Community Center, its director, assistant director, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Athens Community Center premises or in any way observing or using any facilities or equipment of the Athens Community Center whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR A RISK FOR BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in, about or upon the premises of the Athens Community Center and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE IN ITS ENTIRETY

Signature

Date

Signature

Date

**ATHENS COMMUNITY CENTER
INFORMED CONSENT TO EXERCISE**



The Athens Community Center has been designed to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of its participants; yet because of the nature of the program and the equipment, which is an integral part of many activities, there is an inherent risk of injury. The Athens Community Center enlists your assistance in assuring that the facilities and the equipment are utilized in a proper manner so that the inherent risks are minimized by thoughtful and cautious use of the equipment and facilities.

The Athens Community Center does not diagnose nor treat medical problems. The advice of a qualified health care professional should be sought for instruction on therapeutic use of or the side effects from use of any of the equipment.

In consideration of these factors, the undersigned participant acknowledges the existence of shared risks in connection with these activities, assumes such risks and agrees to accept the responsibility for any injuries sustained in the course of (1) the use of equipment; (2) participation in related as well as unsupervised activities which are made available in the gym, on the running track, or other activities that may take place outside The Athens Community Center; (3) possible injuries or medical disorders arising from the participant's exercising at the facilities, such as heart attacks, stroke, heat stress, strains, sprains, fractures, or death; (4) accidents or injuries which occur within the facilities provided by Athens Community Center, such as the locker rooms, dressing rooms, and showers.

The participant further acknowledges and accepts the rules and procedures concerning the use of the equipment and facilities of The Athens Community Center.

WARNING: The Major Coronary Risk Factors are:

- (1) History of high blood pressure (above 145/95)
- (2) Elevated total cholesterol/high density lipoprotein cholesterol ratio (above 5)
- (3) Cigarette smoking
- (4) Abnormal resting ECG—including evidence of old myocardial infarction, left ventricular hypertrophy, ischemia, conduction defects, dysrhythmias
- (5) Family history of coronary or other atherosclerotic disease prior to age 50
- (6) Diabetes mellitus

These factors, plus any others which may be complicated through exercise, should be determined by a physician prior to beginning this exercise program. Thus, The Athens Community Center recommends that all participants undergo a complete physical examination, administered by a physician.

_____ I am currently healthy and plan to exercise at this time.

In the event of an emergency please provide a contact that we may reach

Emergency Contact: _____ Phone #: _____

I certify that I have read and understood the contents of this release and that it is my intention, by signing the release, that the same be binding not only for me, but upon my heirs, administrators, executors, successors, and assigns regarding The Athens Community Center and its programs.

Participant Name

Date

Participant Signature, or Parent /Guardian Signature (if Under 18)

Date

Witness Signature

Date