

# CCRC MEMBERSHIP APPLICATION

# Primary’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender (Circle One): Male or Female

**CCRC Membership Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Adult** | **Family** | **Senior Family** | **Student/Senior** |
| **Paid in Full** | **$495 / year** | **$770 / year** | **$605 / year** | **$308 / year** |
| **\*Per Month (Plus $50 Registration Fee)** | **$45 / month** | **$70/ month** | **$55 / month** | **$28 / month** |
| **\*\* Contract (12 mo.)** | **$45 / month** | **$70 / month** | **$55 / month** | **$28 / month** |

**Family Section:**

*\* Family is defined as one or two adults and their dependents who are under the age of 18 or a full-time student, or a person for whom the member(s) claims a tax deduction. (Proof of dependency may be required.) All family members must reside in the same household and at the same address.*

# Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_

# Employer Information for program discounts (Optional):

\*Primary’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (not on this membership) REQUIRED:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# How did you hear about the CCRC?

Billboard\_\_\_\_ Direct Mail\_\_\_\_ Drive by (Live in Area)\_\_\_\_ Email \_\_\_\_ Former Member \_\_\_\_ Friend/Family\_\_\_\_ Magazine\_\_\_\_ Medical Referral\_\_\_\_ Member\_\_\_\_ Newspaper\_\_\_\_ Employer\_\_\_\_ Radio\_\_\_\_ Television \_\_\_\_ Yellow Pages\_\_\_\_ YMCA\_\_\_\_

# Areas of Interest?

# Adult Sports\_\_\_\_ Aquatics\_\_\_\_ Child Watch\_\_\_\_ Family Recreation \_\_\_\_ Fitness \_\_\_\_ Volunteer Interests\_\_\_\_ Other\_\_\_\_

**Membership Agreement**

I understand that the Crawford County Recreation Center, hereinafter referred to as the CCRC, and/or Lincoln Trail College assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from my participation in these activities. In consideration of the privilege of joining the CCRC, I hereby voluntarily release and discharge the CCRC, its agents, servants, and employees from any and all claims for injury, illness, death, loss, or damage that I may suffer as a result of my participation in these activities.

I understand that the CCRC is NOT responsible for personal property lost or stolen while members and/or program participants are using the CCRC and Lincoln Trail College facilities or on CCRC and Lincoln Trail College premises.

I understand that no accident or medical insurance is provided with this membership or for participation in programs, activities, special events, etc.

I give permission to the CCRC to use without limitation or obligation photographs, film footage, or tape recordings that may include my image or voice for purposes of promoting or interpreting CCRC Programs.

I agree to abide by all policies and procedures of the CCRC and Lincoln Trail College, and I also understand that failure to act in accordance with these rules may result in expulsion from the CCRC and termination of my membership.

The applicant gives permission for CCRC and Lincoln Trail College staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by first responders, ambulance personnel or physician.

As a CCRC member, I/we agree to act appropriately and to co-operate with others toward the accomplishment of the CCRC mission and the character development values of caring, respect, honesty, and responsibility.

# Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Authorization Agreement for Preauthorized Payments

**Credit Card** - Name on Account (Must be the account holder’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If the name on the account is not the members, the account holder must sign.*

**Credit Card #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_\_\_\_\_ Circle one: Visa MasterCard Discover

**EFT** - Name on Account (Must be the account holder’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If the name on the account is not the members, the account holder must sign*

**Routing #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account **#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle one: Checking OR Savings

I understand that this is a continuous membership plan, and that this membership will remain in effect until I come in and sign a cancellation/change form at least 10 days prior to my next draft date.

\*\* YEARLY CONTRACT - I understand that this is a 1-year contract and will be charged a $50.00 cancelation fee to break the contract.

MEMBER SIGNATURE:

The Crawford County Recreation Center Board of Directors, herein after referred to as the CCRC, may, at their discretion, adjust the monthly rate applicable to my category of membership, the monthly rate applicable to my age when falling into another category of membership, or the financial assistance monthly rate applicable to my renewal at any time. I understand that I will receive 30 days written notice of these changes, and of the day my renewal is due.

Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus any service charge applied by the CCRC. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the CCRC should I change my financial institution or my mailing address at any time.

The CCRC reserves the right to cancel my membership due to insufficient funds or to a stop payment. If this should occur, I understand that the CCRC has the right to make the bank draft plan no longer be available to me if I choose to continue my membership or rejoin.

I understand that should my draft day fall on a weekend or bank holiday; the draft will be processed the following business day.

I understand that all joining fees and membership fees are nontransferable and non-refundable.

I understand that the CCRC charges an approximate 3.0% infrastructure fee and a 1.0% ACH transaction fee on all membership credit/debit card transactions.

I hereby authorize the CCRC (11220 IL-1 Robinson Il 62454); to initiate drafts or any adjustment for any entries in error to my (our) checking or savings account indicated above to credit and/or debit the same to such account. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with provisions of U.S. law.

**Account Holder’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Crawford County Recreation Center (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Crawford County Recreation Center, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Crawford County Recreation Center for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

The undersigned is aware of the different types of activities, equipment, and facilities offered by the Crawford County Recreation Center and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CRAWFORD COUNTY RECREATION CENTER FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE CRAWFORD COUNTY RECREATION CENTER, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Crawford County Recreation Center and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all 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 or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Crawford County Recreation Center.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the Crawford County Recreation Center premises or in any way observing or using any facilities or equipment of the Crawford County Recreation Center or participating in any program affiliated with the Crawford County recreation Center whether caused by the negligence of the releasees or otherwise.

3. 'I'HE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the Crawford County Recreation Center and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Crawford County Recreation Center.

4. THE UNDERSIGNED AGREES THAT THE VALIDITY, PERFORMANCE, AND INTERPRETATION OF THIS RELEASE AND WAIVER OF LIABILITY will be governed by the laws of the State of Illinois and the UNDERSIGNED consents to the exclusive jurisdiction and venue of the State and Federal courts of Illinois

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 Illinois 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 AND UNDERSTAND THIS DOCUMENT AND RELEASE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Applicant/Parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**24-HOUR ACCESS RELEASE OF LIABILITY & ASSUMPTION OF RISK**

 As a 24-hour secure access fitness facility, the Crawford County Recreation Center (hereafter referred to as the “CCRC”) has a few different policies and procedures than a typical fitness facility. Please read the information carefully. If you have any questions please ask. The availability of facilities or services, including but not limited to, classes, equipment, babysitting, basketball gym, pickleball, volleyball, walking track, classrooms, and the pool may have limited hours and may not be available 24 hours.

**Compliance with Rules**

I understand and agree that a 24/7 CCRC membership is a special membership based on trust and is a privilege, which can be taken away for a violation of rules. As a CCRC member, I agree to abide by all CCRC membership rules and 24/7 membership rules, which will be posted at the facility, and on the website and may be amended from time to time at the sole discretion of the Crawford County Recreation Center.

The following additional rules apply to all 24-hour membership:

* Only active account members will be granted entry.
* Only one 24/7 member may enter the CCRC front door at a time during non-staffed hours.  Allow the door to close and lock completely before another member may enter.
* Card sharing is strictly prohibited and will result in immediate loss of membership, card sharing is viewed by the Crawford County Recreation Center as stealing services.
* Doors and windows may not be propped open during non-staffed hours.
* **Fire alarms--**Whenever a fire alarm is sounded, immediate evacuation of the building is the appropriate response. If there is a fire alarm while you are using the facilities, you must immediately leave the center through the nearest exit door and remain outside until it has been announced that it is safe to enter the center.
* Follow instructions for each machine and use equipment as intended.
* Machines must be cleaned after each use.
* Please do not linger on the equipment as other members may want to use it.
* Music may not be played over a speaker or any other manner.  Earbuds and/or headphones may be used by members for their own personal music choice.
* Respect all fellow members—no abusive language, harassment or inappropriate behavior will be tolerated.
* Pre-approved members under the age of 18 must be accompanied by an approved member parent until they reach the age of 18.
* If membership is revoked for noncompliance with the rules in place no refund will be given.
* All current CCRC rules apply to 24/7 access members as well.

I agree that improper unauthorized use of the facility may result in membership suspension or cancellation. I agree not to let anyone use my card for any reason, and agree to report any situation that appears to be card sharing to the CCRC staff. A security camera system has been installed to monitor instances of card sharing. I understand that one act of card sharing will result in immediate membership suspension or termination. The CCRC reserves the right to suspend or cancel the rights, privileges and memberships of any member whose actions are detrimental to the use, safety, and enjoyment of the facility.

**No Supervision**

I understand that I am purchasing a membership at a 24/7 facility that allows access at any time. As such, I am aware that there will be no supervision or assistance except during staffed hours. Staffed hours may change at the sole discretion of the Crawford County Recreation Center. I am aware that if I get injured, become unconscious, suffer a stroke or heart attack or any other medical emergency or event that there will likely be no one to respond to my emergency and that the gym has no duty to provide assistance to me while I am at the gym. I understand that even though the gym is equipped with surveillance cameras that record, but are not monitored continuously; help will not be available during non-staffed hours. However, AEDs and call buttons are located in the facility. In case of an emergency, call 911, and notify staff.

**Acknowledgement of Risk and Waiver of Liability**

I voluntarily assume the risk of injury, accident, death, loss, cost or damage to my person or property which might arise from my use of the CCRC and I agree to hold harmless and release the Crawford County Recreation Center and all affiliated corporations, and its officers, directors, board members, agents, employees, representatives, executors, and all others from any and all liability. I also release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment at the gym during staffed or non-staffed hours.

**Informed Consent**

**24-HOUR ACCESS RELEASE OF LIABILITY & ASSUMPTION OF RISK**

**General Statement of Program Objectives and Procedures**

I understand that a physical fitness program may include exercises to build the cardio and respiratory systems (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in muscle and bone). Exercise may include aerobic activities (treadmill walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics, and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

**Description of Potential Risks**

I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or during exercise, which may include abnormalities of blood pressure or heart rate, in effect of functioning of the heart, and in rare instances heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed.

**Physical Activity Readiness Questionnaire**

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Becoming more active is very safe for most people. However, some people should check with their Doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, this questionnaire will tell you if you should check with your Doctor before you start. If you are over 69 years of age and you are not used to being active, check with your Doctor. Please read the questions carefully and answer each one honestly. **Circle your response indicating yes or no to the following questions. Common sense is your best guide when you answer these questions.**

1. Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a Doctor?  Yes    No

2. Do you feel pain in your chest when you do physical activity?  Yes   No

3. In the past month, have you had pain in your chest while NOT doing physical activity?  Yes     No

4. Do you lose your balance due to dizziness or do you ever lose consciousness?   Yes     No

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?   Yes   No

6. Is your Doctor presently prescribing drugs (for example, water pills) for your blood pressure or heart condition?  Yes     No

7. Do you know any other reason that you should not do physical activity?  Yes    No

8. Is there any other condition that you have that might change due to physical exercise?   Yes   No

**24-HOUR ACCESS RELEASE OF LIABILITY & ASSUMPTION OF RISK**

I certify that I am in good physical health and I am able to undertake and engage in the range of physical activities in which I choose to participate at the CCRC. I assume all responsibility for updating the facility with respect to any changes in my physical or mental condition and for reporting all injuries sustained at the facility to the CCRC staff.  I understand and am aware that strength, flexibility, aerobic and anaerobic exercise, including the use of any equipment, is a potentially hazardous activity. 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 with knowledge of all the dangers involved. I do hereby agree to expressly assume and accept any and all risks of injury or death either accidental or otherwise. This waiver, release and indemnification agreement includes, without limitation, all injuries which may occur as a result of (a) my use of all amenities and equipment in the facility and my participation in any class, activity or personal training, (b) sudden unforeseen malfunctioning of any equipment and (c) my slipping or falling while in the facility, on the facility premises, including adjacent sidewalks and parking areas. I acknowledge that I have carefully read this waiver, release and indemnification agreement and fully understand that it is a full and complete release of all liability.

**Duty to Inform of Changes in Health Condition**

I understand that I am required to inform the gym of any material changes in my health condition in the future, including but not limited to, any changes which would cause me to change my responses to the questionnaire above.

This contract represents the complete understanding between you and the CCRC. No representations, written or oral, other than those contained in this contract are authorized or binding upon the CCRC. Should any part of this agreement due to legal or other regulatory changes become unenforceable, the remaining provisions within this agreement not impacted by such change shall remain in full force as originally written.

You agree to promptly update the CCRC any changes of address, phone, e-mail address and/or bank account/credit card information.

I certify that I have read and understand all of the terms of the gym agreement and agree to continue to abide by all of the terms of this agreement. Please note--if you are signing up for a family membership this waiver covers all parties. (If under 18, Parent or Legal Guardian signature and completion of Parental Consent for Minor Membership form is required)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SignHere**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**