



**City of Miramar
Parks & Recreation Department
Weight Room Membership Form**

Participant First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Home Phone #: (____) _____

Date of Birth: _____ Age: _____ Sex: Female _____ Male _____

If Minor Participant: (Under 18 years of age)

Mother's Name: _____ Work Phone #: (____) _____

Cell #: (____) _____ Pager #: (____) _____

Father's Name: _____ Work Phone #: (____) _____

Cell #: (____) _____ Pager #: (____) _____

Emergency Contact: A person that can be contacted in an emergency. The emergency contact person has permission to remove the participant from the program.

1.) Name: _____ Phone #: (____) _____

Relationship: _____ Other #: (____) _____

2.) Name: _____ Phone #: (____) _____

Relationship: _____ Other #: (____) _____

Medical Information:

Family Doctor's Name: _____ Phone #: (____) _____

Insurance Co: _____ Policy #: _____

Are you currently on any medication? _____ If yes, please explain: _____

Physical limitations: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If under the age of 18)

(Office Use Only)

Circle one: Check Money Order Amount: \$ _____

Receipt #: _____ Registered by: _____

Email Address: _____

Date of Birth: _____

CITY OF MIRAMAR
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT

INSTRUCTIONS: Complete one for each participant.

PARTICIPANT'S NAME: _____

The undersigned (Participant or Responsible or Legal Guardian of the Participant, if Participant is under 18 years old) agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my utilization of the Miramar Youth Enrichment

Center weight room facility ("Weight Room Facility") and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of such utilization of the Weight Room Facility.

Further, the undersigned WAIVES ANY CLAIMS against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does COVENANT NOT TO SUE the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to RELEASE, IDEMNIFY AND HOLD HARMLESS the City of Miramar and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from such utilization of the Weight Room Facility.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES THAT ACTIVITIES WHICH INVOLVE PHYSICAL EXERTION INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH. THE UNDERSIGNED ALSO EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE CITY OF MIRAMAR HAS MADE NO REPRESENTATIONS OR STATEMENTS OF ANY KIND WHATSOEVER CONCERNING THE CHARACTER AND NATURE OF THE WEIGHT ROOM FACILITY. THE UNDERSIGNED ALSO EXPRESSLY ACKNOWLEDGES THAT PRIOR TO UTILIZATION OF THE WEIGHT FACILITY, ANY PERSON WHO ENGAGES IN A PROGRAM OF PHYSICAL EXERCISE SHOULD DO SO ONLY AFTER CONSULTING A PHYSICIAN. THE CITY OF MIRAMAR HAS NO OBLIGATION OR DUTY TO ASSESS OR INQUIRE INTO THE HEALTH OR PHYSICAL LIMITATIONS OF THE PARTICIPANT OR ANY PERSON UTILIZING THE WEIGHT ROOM FACILITY.

The undersigned Participant or the Responsible Parent of Legal Guardian of the Participant grants authorization:

- a) For the City of Miramar agents or employees to call 911 of the Participant's physician on behalf of the Participant when such agents or employees perceive there to be an emergency medical situation concerning or involving the Participant;
- b) For the above named Participant to be transported by Emergency Medical Services to the nearest hospital emergency room in the event of injury or illness (note: the nearest hospital emergency room may not be the family's preference), although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility of payment of any and all medical services rendered.

By signed below I attest that I have read the following rules and regulations and I will adhere to them. If I violate any of the following rules and regulations, I may be asked to leave the Sunset Lakes Community Center. I also understand that noncompliance with staff may result in loss of my membership and future admission to the Sunset Lakes Community Center.

Weight Room Rules and Regulations

- 1. Towels will not be provided by the center – all individuals are to bring in their personal towels.
 - 2. Bags and clutter will not be permitted in the work area.
 - 3. All machines must be wiped off before moving to another workout area.
 - 4. Running and horse play is not allowed within the center.
 - 5. Foul language and obscene gestures will not be tolerated.
 - 6. Nobody under the age of (15) is permitted in weight room.
 - 7. Proper footwear and attire must be worn at all times (non-revealing).
 - 8. Lockers and showers are available to members. However, you must bring in your own lock and toiletries for the facility. These personal items must be removed every day when leaving the facility. Any locks left on lockers overnight are subject to be cut off.
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I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

I hereby agree that this is a complete and total release of the City of Miramar, and its officers, agents and employees for any and all liability relative to my utilization of the Weight Room Facility and shall be liberally construed in favor of the City of Miramar.

The undersigned has fully read, understood and agrees to each and every term contained in the Release, Waiver and Indemnification Agreement.

Signature (Participant)

Date

Print Name (Participant)

Address

City & Zip Code

Telephone No.

Signature (Parent/Guardian)

Date

Print Name