

City of Miramar Parks & Recreation Department Weight Room Membership Form

Participant First Name:		Last Name:	
City:	Zip:	Home Phone #: ()	
Date of Birth:	Age:	Sex: FemaleMale	
If Minor Participant: (Ur Mother's Name:	der 18 years of age)	Work Phone #: ()	
Се	ll #: <u>(</u>	Pager #: ()	
Father's Name:		Work Phone #: ()	
Се	II #: <u>(</u>	Pager #: ()	
	person that can be conta to remove the participant	acted in an emergency. The emergency corfrom the program.	ıtact
1.)Name:		Phone #: ()	
Relationship:		Other #: ()	
2.)Name:		Phone #: ()	
Relationship:		Other #: ()	
Medical Information:			
Family Doctor's Name:		Phone #: ()	
Insurance Co:		Policy #:	
Are you currently on an	y medication?	If yes, please explain:	
Physical limitations:			
Participant Signature:		Date:	
Parent/Guardian Signature:(If under the age of 18)		Date:	
	(Office	ce 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: Compl	ete 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 form 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 ACKNOWLDEGES AND AGREES THAT THE CIYTO 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 ACKNOWLDEGES THAT PRIOR TO UTILIZATION OF THE WEIGHT FACILITY, ANY PERSON WHO ENGAGES IN A PROGRAM OF PHISICAL EXERCISE SHOULD DO SO ONLY AFTER CONSULTING A PHYSICIAN. THE CITY OF MIRMAMAR HAS NO OBLIGATION OR DUTY TO ASSESS OR INQUIRE INTO THE HEALTH OR PHYSICAL LIMITATIONS OF THE PARTICIPANT OR ANY PERSON UTLIZING 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.

Address

- 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.

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)

City & Zip Code

Telephone No.

Signature (Parent/Guardian)

Date

Print Name