



**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 or Legal Guardian of the Participant grants authorization:

