

Recreation Authority of Roseville & Eastpointe

FITNESS ROOM APPLICATION

All applicants must attend a brief orientation on the fitness equipment prior to using the fitness room.

NAME _____ BIRTHDATE ____/____/____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT (REQUIRED)

NAME PHONE NUMBER

Please list any physical or medical limitations, allergies, special needs and special instructions the Recreation Authority should be aware of: _____

LIABILITY WAIVER

I fully understand and take responsibility for my participation in the fitness room activities at the Recreational Authority Center including, but not limited to use of the Fitness Room equipment. I realize that my prior and current physical condition(s) may make physical activity hazardous to my health. I have discussed these activities with my physician and agree to follow his/her instructions and restrictions when participating at the Recreational Authority Center.

I agree to schedule and receive instruction on how to properly and safely use all Fitness Room equipment. I hereby agree to release, discharge, indemnify and hold harmless the Recreational Authority of Roseville and Eastpointe and its departments, employees and agents from any and all liability claims, damages and causes of action and cost of defense, including attorney fees and other costs of whatever kind of nature which may arise or which may result from participating in the above mentioned program.

In case of emergency, I give my permission for emergency medical treatment. I understand that this form is good for only one year. My signature below acknowledges that I fully understand and agree to the conditions set forth in this Agreement. I agree to abide by all Fitness Room Rules and follow instructions from R.A.R.E. staff.

PARTICIPANTS SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____
(If under 18 yrs. of age)

-----**BELOW FOR RECREATION AUTHORITY STAFF USE ONLY**-----

Date Paid ____/____/____ Circle One: New Applicant Applicant Renewal

Completed Orientation Date ____/____/____ Orientation Completed By _____