



## **10 DAILY PASS REGISTRATION FORM**

*(PLEASE PRINT)*

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Street, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact and Phone:** \_\_\_\_\_

**\*THIS PASS EXPIRES SIX MONTHS FROM DATE OF PURCHASE\***

### **WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering yourself or your minor child/ward, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the use of the facility or participation in its programs. Minor members 11-17 must have this waiver signed by a parent/guardian 21 years of age or older and be on the premises with them at all times.

I recognize and acknowledge there are certain risks of physical injury to persons participating in activities and utilizing the equipment in the fitness facility and I agree to assume the full risk of any such injuries, damages or loss regardless of the severity which I or my minor child/ward may sustain as a result of participating in any and all activities including, but not limited to, bodily injuries, heart attack/accelerated high blood pressure, heat exhaustion, and including death, connected with or associated with such activities or programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the activities of the Center Fitness Club against the Wilmette Park District and its officers, agents, servants and employees.

I do hereby release and discharge the Wilmette Park District and its officers, agents servants and employees from any and all claims from injuries, damages or loss, including, but not limited to the above, which I or my minor child/ward may sustain or arising out of, connected with, or in any way associated with the activities of the Fitness Center or participation in its programs.

### **PERMISSION TO SECURE TREATMENT**

In the event of any emergency, I authorize the Wilmette Park District to secure from any hospital, physician, and/or medical personnel, any treatment deemed necessary for immediate care, and agree that I will be responsible for the payment of any and all medical services rendered.

### **PHOTOGRAPHY WAIVER**

I recognize and acknowledge that occasionally the Wilmette Park District Center Fitness Club will take photographs of participants utilizing the fitness center for promotional purposes. I release and authorize the Wilmette Park District Center Fitness Club to use any photograph of myself or my minor child/ward for any promotional purpose.

I have read and fully understand the Waiver and Release of all claims, Permission to Secure Treatment, and Photography Waiver.

**Signature of Participant or Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* By signing above, I understand that the pack of 10 daily passes will expire six months from date of purchase.**