

Lake Bluff Health & Fitness Center

Membership Registration

January 2012

Card Made: _____

TYPE OF MEMBERSHIP	RESIDENT	NON-RESIDENT
*Individual (18-61 years)	\$352	\$561
*Individual Plus Classes (18-61 years)	\$572	\$1,139
*Youth (14-17 years)	\$250	\$397
*Track only (14 years & older)	\$145	\$235
*Senior (62 years & older)	\$272	\$436
*Senior Plus Classes (62 years & older)	\$518	\$826
Senior Track only (residents 62 years & older)	\$20	N/A
*Enrollment Fee (applies to first-time members for all memberships with the *)	\$50	\$50
10 Daily Passes to Use Fitness Center	\$90	\$120
Free Week Membership	\$0	\$0

*Household of 2 (18-61 years)	\$669	\$1,066
*Household of 2 – Plus Classes (18-61 years)	\$1,087	\$2,164
*Household of 3 (18-61 years)	\$968	\$1,543
*Household of 3 – Plus Classes (18-61 years)	\$1,573	\$3,132
*Household of 4 (18-61 years)	\$1,250	\$1,992
*Household of 4 – Plus Classes (18-61 years)	\$2,031	\$4,043
*Senior Couple (62 years & older)	\$490	\$785
*Senior Couple – Plus Classes (62 years & older)	\$932	\$1,487
*Enrollment Fee (applies to first-time members for all memberships with the *)	\$50	\$50

First & Last Name	Birth date	M/F	Type of Membership	Fee
				\$
				\$
				\$
				\$
				\$
			*\$15 Fee for choosing Monthly Payment Plan	\$
			\$50 Enrollment Fee Per Person	\$
			**TOTAL	\$

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Complete ONLY if Paying in Full

Cash: \$ _____ Checks Payable to: Lake Bluff Park District

Credit Card (Circle One): Mastercard Visa

Card #: _____ Exp Date: _____ / _____

Signature: _____

COMPLETE **ONLY** IF REQUESTING THE MONTHLY PAYMENT PLAN

**Lake Bluff Health & Fitness Center
BILLING AGREEMENT**

First & Last Name: _____

Visa or MasterCard Credit Card # _____ Exp Date: ____/____

Membership Start Date: _____

**Total from Side 1: _____ ÷ 12 months = _____ Monthly Charge
Includes \$15 Monthly Payment Plan Fee

TERMS & CONDITIONS

- I understand that my membership term is for 12 months and I agree to pay the monthly charge shown above with payments to be deducted from my account on the 15th day of the month or up to 5 business days after.
- It is the member's responsibility to have adequate funds in their account to cover these transactions if using a debit card and to update their credit card information as necessary.
- All transactions rejected due to no fault of the Park District, will be assessed a \$20 service fee.
- If a member's credit/debit payment is rejected for 2 consecutive months the fitness membership will be cancelled and prorated out with the date of the second consecutive declined payment. Any remaining balance owed must be paid in full before a new registration will be processed, member will be required to pay the new membership in full.
- If a member's credit/debit payment is rejected 3 times during a year-long fitness membership, then guest will be required to pay the renewal membership in full.
- Cancellation of a billing agreement during a membership term will require a final fee that corresponds with the cancellation policy outlined in the Membership Handbook.

Signature: _____

Date: _____

LAKE BLUFF HEALTH & FITNESS CENTER

Waiver & Release

IMPORTANT INFORMATION

The Lake Bluff Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Lake Bluff Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity.

WARNING OF RISK

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Lake Bluff Park District to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

- | | |
|--|--|
| 1. Heart attack, stroke and circulatory problems | 4. Shin splints |
| 2. Bone and joint injuries | 5. Muscle strain and other muscle injuries |
| 3. Back and neck injury | 6. Foot problems |

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Lake Bluff Park District, including its officials, agents, volunteers and employees.

MEMBERSHIP HANDBOOK

I agree to be bound by all rules, regulations and policies outlined in the Lake Bluff Health & Fitness Center Handbook. Management reserves the right to update handbook as deemed necessary.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims, membership handbook, and permission to secure treatment.

Printed Participant's Name:

Participant's Signature:

(18 years or older or Parent/Guardian)

Date: _____