

**TOWN OF HUMBER ARM SOUTH  
FITNESS CENTER**

**REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **ALTERNATE #:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_

**EMERGENCY CONTACT: Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**MEDICAL ISSUES: (ex. High blood pressure, diabetes, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_

**WAIVER & RELEASE FOR USE OF HUMBER ARM SOUTH FITNESS CENTER**

**THIS WAIVER MUST BE SIGNED BY ALL PERSONS PRIOR TO USING THE CENTER**

I understand that my presence in the Humber Arm South Fitness Center and my use of the equipment is at my own risk.

I understand that the use of the Center may involve great risk to persons with physical disabilities and certain medical conditions. I have no such physical disabilities and suffer from no medical conditions which would put me at such risk by using the center.

In consideration of making the Center available to me, I acknowledge and agree that **TOWN OF HUMBER ARM SOUTH/HUMBER ARM SOUTH YOUTH RECREATION COMMITTEE**, it's agents, and employees are not responsible and are hereby released from all claims, losses, damages, liabilities or demands of any kind on account of any damage, injury to or other effect upon my health or physical condition which may occur as a result of my use of the Center's equipment or my presence in the Center.

I assume full responsibility for any injuries or damages which may occur to me at the Center or by reason of the use of equipment.

I assume full responsibility for any loss of or damage to my personal property which may occur in the facility.

I have been informed and acknowledge that **HUMBER ARM SOUTH YOUTH RECREATION COMMITTEE** will not provide any supervision at or in connection with the facility. I agree to use the equipment in the **CENTER** without any such supervision.

This waiver shall include any and all claims, demands, damages, causes of action, present or future, whether known or unknown, resulting from my use of the **CENTER** or its equipment.

I understand that the **FITNESS CENTER** is being viewed by camera. Any misuse of equipment or property will result in being asked to leave and forfeits my use of the **HUMBER ARM SOUTH FITNESS CENTER**.

I agree to follow the rules of the Committee. Please read and understand the above waiver.

\_\_\_\_\_ Date

Signature of User

Print Name \_\_\_\_\_  
\*\*\*\*\*

Parents Consent of Persons 16 or 17 years of age. \_\_\_\_\_  
Please Print Name

\_\_\_\_\_ Date

Parents Signature

Humber Arm South

I \_\_\_\_\_, understand that I will be responsible for the usage of my fitness center pass card. This card permits me to enter the fitness center after regular hours. I am to use the card for me only, and I cannot permit other people to enter the building unless they have their own card. I WILL BE RESPONSIBLE TO SIGN IN AND OUT and I will ensure that the lights are turned off.

I understand that the center will be under video surveillance at all times and that the surveillance will be reviewed on a regular basis. This card will be deactivated if my membership is not paid up to date.

If, and when, this card is not required I can return for a full refund of \$5.00.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date