

Lied Gymnasium and Fitness Center

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Place of Employment: _____ Date of Birth: _____

Enrolment Period: From: _____ To: _____

Email address: _____ Amount Paid: _____ Date Paid: _____

Please Read and Sign Below

Waiver and Release for Voluntary Participant in Fitness Activity

I wish to use the Lied Gymnasium and Fitness Center located at the Fremont-Mills Community School District, 1114 Highway 275, Tabor, IA. As part of my membership and the use of the facility, I agree as follows:

1. My signature certifies that I will use the Lied Gymnasium and Fitness Center at my own risk.
2. I recognize that use of the Lied Gymnasium and Fitness Center can be revoked if I exhibit any behaviors that are not in accordance with any applicable fitness center rules and regulations and/or are not professional in nature.
3. I recognize that there is a deposit of \$20 for the access card. This is refundable when the card is returned.
4. I recognize the fee to replace any lost or stolen key access badge is \$20.
5. I recognize that there are dangers inherent in any weight of cardiovascular equipment. I will use the equipment located at the Lied Gymnasium and Fitness Center at my own risk. The City of Tabor nor the Fremont-Mills Community School District has no responsibility to supervise my use of the fitness facility or my participation. I will exercise all due care in the use of the Lied Gymnasium and Fitness Center and the equipment located there. I will only use the Lied Gymnasium and Fitness Center and equipment as it is intended.
6. I recognize that the fitness facility is monitored with cameras at all times and may be used as evidence to behaviors that are not in accordance with any applicable fitness center rules and regulations and/or are not professional in nature.
7. If I am unfamiliar with any item of equipment, I will read the instructions printed on that item before using it or seek assistance.
8. I certify that I am in sound health and am able to engage in a fitness program that I will design. I will seek medical advice on my own behalf while developing my program. The City of Tabor nor the Fremont-Mills Community School District has no responsibility to review my physical status or health condition.
9. I hereby release the City of Tabor and the Fremont-Mills Community School District, its affiliates, officers and employees from any claims, demands or liabilities of any type or nature arising from or related to my participation or activities in the Lied Gymnasium and Fitness Center and in the use of the equipment located there, and waive any such claim, demand, or liability.

My signature and waiver certifies that I meet all the membership requirements and that I have read the WAIVER AND RELEASE FOR VOLUNTARY PARTICIPATION IN FITNESS ACTIVITY form.

I understand that completion of this release is required prior to my participation or use of the fitness center. I have signed and dated the form and have been given a copy of the signed form.

Member or Legal Guardian of Minor

Date

CARD NUMBER _____

Signed Lied Gymnasium and Fitness Center Rules

Lied Gymnasium and Fitness Center Rules

Attire:

- No outdoor or open-toed shoes allowed. You must have a second pair of athletic shoes and change before using the equipment.
- Proper gym attire must be worn at all times. No blue jeans or zippers can come into contact with equipment upholstery.
- Shirts and shoes must be worn at all times.

Age Requirement:

- Students must have someone at least 21 years old accompany them.
- High school graduates may use the equipment without supervision. High School graduates are considered eligible to use family membership until August 1 following graduation.
- Elementary children are not allowed to play on the equipment and must have supervision with them at all times. A person 21 years old using equipment does not qualify to supervise children.

Care of Facilities:

- No food allowed. Water and sports drinks in suitable containers are acceptable.
- No glass bottles allowed.
- After lifting, all weights must be placed back on the rack and in their proper position.
- Remove all trash and personal items after each use.
- DO NOT lean bars or weights against the walls.
- Clean all equipment with disinfectant cleaner provided after use.
- No gym bags allowed in work out area.
- DO NOT drop weights.

Access to Facilities:

- Individual Membership fee is as follows: \$5 – 1 week; \$20 – 1 month; \$50 - 3 months (save \$10); \$100 – 6 months (save \$20); \$200 – 1 year (save \$40).
- Family Membership fee is as follows: \$30 1 month; \$75 3 months; \$150 6 months; \$300 1 year.
- Family membership is defined as up to 2 adults per household and K-12 students living in the household.
- There is a one-time key card deposit of \$20, refundable when returned. Lost or stolen cards will be \$20 replacement deposit.
- Membership cards are not allowed to be shared with others. Allowing others (including minors) to access facility with your access card may result in loss of membership.
- Students and Fremont-Mills faculty may use the facility between the hours of 7am-7pm Monday-Friday without a membership. Use of facilities outside of this time requires membership purchase.

Behavior/Other:

- Improper usage, language and/or behavior will result in loss of privileges.
- Everyone is strongly encouraged to have his/her physician's approval before beginning an exercise program.
- The City of Tabor nor the Fremont-Mills Community School District assumes NO RESPONSIBILITY for injuries or loss of personal property while using the facility.
- Anyone using mechanical equipment should read the posted use instructions. For your safety equipment should not be used without proper instructions.

Signature of Member or Legal Guardian of Minor
By signing, I agree to abide by the stated rules.

Date

Tri-Valley Bank

Authorization Agreement for Direct Payments

I (we) hereby authorize Tri-Valley Bank to initiate debit entries to my (our) Checking / Savings account indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge that origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Please check one of the following options:

- By signing this agreement I authorize that a debit initiated by Tri-Valley Bank in the amount of \$20.00 on the 20th day of every month.
- By signing this agreement I authorize that a debit initiated by Tri-Valley Bank in the amount of \$50.00 on the 20th day of every 3rd month.
- By signing this agreement I authorize that a debit initiated by Tri-Valley Bank in the amount of \$100.00 on the 20th day of every 6th month.
- By signing this agreement I authorize that a debit initiated by Tri-Valley Bank in the amount of \$30.00 on the 20th day of every month.
- By signing this agreement I authorize that a debit initiated by Tri-Valley Bank in the amount of \$75.00 on the 20th day of every 3rd month.
- By signing this agreement I authorize that a debit initiated by Tri-Valley Bank in the amount of \$150.00 on the 20th day of every 6th month.

Start Date _____ End Date _____

Depository Name _____

City _____ State _____ Zip Code _____

Routing Number _____ Account# _____

Funds received will be credited to account owned by Fremont Mills School

The authorization is to remain in full force and effect until the Tri-Valley Bank has received written notification from me (or any owners of the account being debited) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it, or until you receive written notification from Company of its termination in such time and in such manner as to afford you reasonable opportunity to act on it.

Name _____ Signature(s) _____

Date _____