



# TOWN OF WADENA

## Fitness Center

### Membership Form

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

I want to receive information from Wadena Fitness Center via email

ALLERGIES / SPECIAL HEALTH CONSIDERATIONS: \_\_\_\_\_

#### MEMBERSHIP TERMS & CONDITIONS

- I have signed the Physical Activity Readiness Questionnaire.
- I hereby acknowledge and understand that:
  - The activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks;
  - I assume the responsibility for any injury or property damage resulting from my use or participation in the facility;
  - I am wearing the appropriate covered footwear & clothing at all times while in the facility;
  - All weights and equipment must be put back;
  - I must respect other gym users and instructors and will behave in an appropriate manner at all times;
  - Memberships are not refundable or transferable;
  - Shared gym access with a non-member will result in forfeiture of membership;
  - Keyless access will be cancelled immediately after the expiration of membership;
  - Anyone under the age of 16 must be accompanied by an adult at all times within the gym; and
  - The Wadena Fitness Center or Town of Wadena will not be responsible for any lost or stolen items.
- I have signed the Liability Waiver and Release Form. (For Minors Only)
- I acknowledge and understand that the Town of Wadena reserves the right to rescind the rights of members not complying with the terms and conditions of the membership.

***I have read, understand and agree to the above-mentioned membership terms and conditions of the Wadena Fitness Center. I also attest that all the information provided is true and correct.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

#### EMERGENCY CONTACT INFORMATION

PRIMARY: \_\_\_\_\_  
(Name)

RELATIONSHIP: \_\_\_\_\_ Contact #: \_\_\_\_\_

SECONDARY: \_\_\_\_\_  
(Name)

RELATIONSHIP: \_\_\_\_\_ Contact #: \_\_\_\_\_

**For Office Use Only:** Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date	Membership Type/Class	Fee	General Receipt No.	Valid Until	Employee's Initial

***FOR KEYLESS ENTRY***

Key card #: \_\_\_\_\_  Initial: \$20.00 Date Issued: \_\_\_\_\_

Key card #: \_\_\_\_\_  Replacement: \$20.00 Date Issued: \_\_\_\_\_

Reason for replacement: \_\_\_\_\_

***I hereby understand that by signing this agreement, I will be responsible for the above issued key card and that the \$20.00 deposit will be refunded to me upon surrender of the key card.***

***In the event that my key card is returned to the Wadena Fitness Center in non-working/damaged condition, the deposit will be forfeited.***

***In the event that my key card is lost/stolen, I acknowledge that I require a new card to be issued and will pay a \$20.00 non-refundable fee.***

Date Signed: \_\_\_\_\_ Member's Signature: \_\_\_\_\_