



# TOWN OF WADENA

## Fitness Center

### Membership Form

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

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

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

CONTACT \_\_\_\_\_

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 & shirt 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 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.

***Before signing this document, I have read, understand and agree to the abovementioned membership terms and conditions of the Wadena Fitness Center. I also attest that all the information provided are 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: \_\_\_\_\_

Entered into the System: \_\_\_\_\_

Initial: \_\_\_\_\_

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

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

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

**FOR KEYLESS ENTRY**

Key card #: \_\_\_\_\_

Key card #: \_\_\_\_\_

- Initial: \$10.00
- Replacement: \$20.00

Date Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

*I, \_\_\_\_\_, hereby understand that by signing this agreement, I will be responsible for the above issued key card and that the \$10.00 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 \$20.00 non-refundable fee.*

Date Signed: \_\_\_\_\_

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