

Claremore Recreation Center City of Claremore

YOU SHOULD CHECK WITH YOUR PERSONAL PHYSICIAN BEFORE STARTING ANY EXERCISE PROGRAM OR PHYSICAL ACTIVITY.

RELEASE OF LIABILITY

Participation in any type of exercise (walking, running, swimming, basketball, tennis, aerobics, etc.) can sometimes result in minor, or even serious injuries, such as sprains, strains, broken bones, heart attack, or in rare cases, even death. During any participation in the programs of the Claremore Recreation Center, I will make every attempt to exercise in a manner that is safe and consistent with the policies of this facility. I understand and accept the responsibility and liability of any accidents or injuries that I incur. The staff of the Claremore Recreation Center, the City of Claremore, and the American Arthritis Foundation are not liable for any injuries as a result of my participation in the programs of the Claremore Recreation Center.

I understand that the personal trainers who train clients in the Personal Training Program are not employees of the City of Claremore or the Claremore Recreation Center and that the City of Claremore and the Claremore Recreation Center and it's employees are not liable for any risks, known and unknown, and I accept responsibility for any injury, permanent disability, or death that may result from participating in this program.

I understand that I must follow all the rules of the Claremore Recreation Center. If I do not, I may lose my membership and forfeit fees paid to the Claremore Recreation Center. Decisions regarding loss of membership will be made by the Claremore Recreation Center management only.

Print Name

Date

Participant Signature

Phone Number

Address

E-Mail Address

City State Zip

Emergency Contact

Age Date of Birth

Emergency Contact #

Parental Signature (if participant is under 18)

CSRC Staff

Date

I.D. Checked ? _____ Type _____ Expiration Date _____

Parent Present(if under 18) _____ **16-21 Picture ID Required NO EXCEPTIONS**

CSRC Staff: **WR RB SR T/G AER. MNTH AER. DAILY T/G MNTH RSU STUDENT RSU FACULTY**

**PLEASE READ THE
FOLLOWING AND
INITIAL:**

___ I UNDERSTAND THAT I AM PURCHASING A MEMBERSHIP TO THE CLAREMORE RECREATION CENTER, OWNED AND OPERATED BY THE CITY OF CLAREMORE. ANNUAL MEMBERSHIPS MAY BE PURCHASED WITH A ONE TIME PAYMENT. MONTHLY MEMBERSHIPS MAY BE PURCHASED WITH MONTHLY PAYMENTS. MEMBERSHIPS WILL EXPIRE 1 YEAR FROM PAYMENT ON ANNUAL MEMBERSHIPS AND 1 MONTH FROM PAYMENT ON MONTHLY MEMBERSHIPS. THERE WILL BE NO GRACE PERIOD. MEMBERSHIPS WILL NOT BE PRO-RATED. I HAVE THE RIGHT TO CANCEL MY MEMBERSHIP AT ANY TIME.

___ I UNDERSTAND I MUST PURCHASE MY MEMBERSHIP CARD FOR \$5.00. IF THIS CARD IS LOST, STOLEN, OR DAMAGED, I UNDERSTAND THAT I MUST PURCHASE A REPLACEMENT CARD FOR \$5.00.

___ I UNDERSTAND THAT I MUST FILL OUT A RELEASE OF LIABILITY (if applicable) TO USE THE FACILITY. IF I AM UNDER THE AGE OF 18 I MUST HAVE A PARENT/ LEGAL GUARDIAN CO-SIGN MY APPLICATION FOR MEMBERSHIP AND LIABILITY RELEASE.

___ I UNDERSTAND THAT I MUST FOLLOW ALL RULES OF THE CLAREMORE RECREATION CENTER. IF I DO NOT, I MAY LOSE MY MEMBERSHIP AND FORFEIT FEES PAID TO THE CLAREMORE RECREATION CENTER. DECISIONS REGARDING LOSS OF MEMBERSHIP WILL BE MADE BY CLAREMORE RECREATION CENTER MANAGEMENT ONLY.

___ FEES INCLUDE ALL APPLICABLE TAXES. NO REFUNDS.

APPLICANTS SIGNATURE.

PARENTAL SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OF AGE)

FOR OFFICE USE ONLY: _____ STAFF INITIAL: _____.

DATE: ____ / ____ / ____.

MEMBERSHIP PURCHASED: _____.

(*SINGLE, FAMILY OF _____, CORPORATE ECT.*)

INITIAL PAYMENT: \$ _____.

LIABILITY RELEASE: Y/N

MEDICAL RELEASE: Y/N (IF APPLICABLE)