



Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____ Phone _____ Email _____

Emergency Contact Name _____ Emergency Contact Number _____

We offer Corporate Discounts! Current Employer _____

Guest Signature _____ Date _____ **Please email to guestservices@bgparks.org or bring in hard copy*
(Parent/Legal Guardian if under 18 years of age)

Important Waiver Information: By signing this document you are agreeing to the waiver on this form, The Fitness Center at the Buffalo Grove Park District Facility Rules and Etiquette and applicable membership policies.

Important Information

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities associated with your Fitness Center guest or membership use. It is always advisable, especially if the participant is pregnant, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity.

Warning of Risk

Aerobic and other fitness activities such as aquatics, passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Buffalo Grove Park District to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this language carefully and be aware that in signing up and participating as a Fitness Center guest or member, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with your fitness center guest use or membership.

I recognize and acknowledge that there are certain risks of physical injury to Fitness Center guests and members, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said use or membership. I further agree to waive and relinquish all claims I or my minor/child ward may have (or accrue to me or my child/ward) as a result of my fitness center use or membership against the Buffalo Grove Park District, including its officials, agents, volunteers and employees.

Photo/Video Authorization and Consent

Members, guests, and participants of programs and special events permit the Park District to take photos and videos of themselves and their child/ward for publication in the program or facility brochure, website, social media and additional uses as the Park District deems necessary unless the member, guest, or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their minor child/ward.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Office Use Only

Guest Pass from member? Yes No Member Name _____

Tour Only Free Guest Friday Trial Pass Guest Fee Paid Extended Guest Pass Activity/Class

Logged and scanned into RecTrac by (Staff Name) _____

Pass/Activity Type _____ Activity Code _____ Start Date _____ End Date _____

Method of Payment _____ Amount Paid _____