

Guest Pass Waiver

di ine Bullalo Giove Po	irk Disifici			Valid Through 4.30.25	
Name				D.O.B	
Address					
City	State	Zip	Phone	Email	
Emergency Contact Name			Emergency Co	ntact Number	
We offer Corporate Discounts	! Current Employer _				
Guest Signature [Parent/Legal Guardian if under 18 years]	ears of age)	Date	*Please email to	*Please email to guestservices@bgparks.org or bring in hard copy	
Important Waiver Information: By sign Rules and Etiquette and applicable me	ning this document you are a embership policies.	rgreeing to the wait	ver on this form, The Fitness	Center at the Buffalo Grove Park District Facility	
		Importa	nt Information		
associated with your Fitness (Center guest or membe tion, takes medication,	rship use. It is a , smokes cigare	llways advisable, esp ettes, has a family hist	lly fit and/or adequately skilled for the activities ecially if the participant is pregnant, suffers from ory of coronary disease, or has recently suffered enter activity.	
		Warr	ning of Risk		
careful and proper preparation and dangers cannot be fores technique, ignoring safety pre	on, instruction, medica een. Depending on the ecautions, failing to fol upervision/instruction, Grove Park District to g	l advice, condi e particular act llow instructions premises defec guarantee absc	tioning, and equipme ivity, certain risks, da s, slips and falls, unfa ts and other risks inhe llute safety.	emotional resources of the participant. Despite ent, there is still a risk of serious injury. All hazards ngers and injuries due to overexertion, improper miliarity with the equipment and/or exercise, rent to the particular activity exist. In this regard, it	
	Waiver and	Release of All	Claims and Assump	tion of Risk	
expressly assuming the risk ar	nd legal liability and w	vaiving and rele	easing all claims for in	as a Fitness Center guest or member, you will be njuries, damages or loss which you or your minor with and associated with your fitness center guest	
to assume the full risk of any of said use or membership. I	and all injuries, damag further agree to waive	es or loss, rego and relinquish	ardless of severity, that all claims I or my min	enter guests and members, and I voluntarily agree t my minor child/ward or I may sustain as a result nor/child ward may have (or accrue to me or my e Park District, including its officials, agents,	
	Pho	oto/Video Autl	norization and Conse	ent	
their child/ward for publicati	on in the program or for guest, or participant of	acility brochure	, website, social med	rict to take photos and videos of themselves and lia and additional uses as the Park District deems t a written objection as to photos or videos of	
	gistering on-line or	via fax, my o		of risk, assumption of risk and waiver and signature shall substitute for and have the	
		Office	Use Only		
Guest Pass from member? Y	es 🗆 No 🗆 M	Nember Name	•		
Tour Only □ Free Guest Fric	lay □ Trial Pass □	☐ Guest Fee	Paid 🗆 Extended	Guest Pass □ Activity/Class □	

Pass/Activity Type _____ Activity Code ____ Start Date ____ End Date ____ Method of Payment _____ Amount Paid _____

Logged and scanned into RecTrac by (Staff Name)