

MEMBERSHIP FORM FOR THE FITNESS HIVE

PARTICIPANT INFORMATION-FILL IN ALL FIELDS			
Name of Participant:			
Mailing Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Phone Number:	Email address:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:		
Have you ever been employed full time by Sudan ISD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served as a Sudan ISD board member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the parent/legal guardian of a student currently attending Sudan ISD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live in the Sudan school district?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMERGENCY CONTACT INFORMATION			
Name of Emergency Contact:			
Phone Number of Emergency Contact:			

Permission and Release

Participant, as a condition of using the District's fitness facility and exercise equipment, hereby freely and voluntarily stipulates and agrees as follows:

1. **Acknowledgement of Significant Risk.** Participant acknowledges that any use of exercise equipment and/or related exercise curricula or training methods involves inherent risks of injury, including death, and Participant assumes all risks of such personal injury arising from or relating to Participant's use of the District's physical fitness exercise equipment.
2. **Representations of Fitness.** Participant represents to the District the following:
 - A. I am physically capable of participating in exercise programs at my own discretion;
 - B. I do not suffer from any physical or mental condition and do not take medications that might limit my ability to participate in exercise programs at my own discretion; and
 - C. I have consulted with my personal physician regarding my ability to engage in an exercise program or have freely elected not to do so.
3. **Waiver and Release.** To the extent the District is not already immune from liability, Participant freely agrees as follows:
I, individually and on behalf of, and binding upon my heirs, executors, administrators and assigns, hereby waive, release and discharge the District and its employees, agents, and assigns, from and against any and all damages, liabilities, claims, demands, causes of actions or suits of any kind or nature, whether known or unknown, including but not limited to incidental or consequential damages, attorney fees, and court costs, and any and all other damages of any kind or nature arising from or related to my use of the District's physical fitness facility or exercise equipment.
4. **Cameras.** All activities in the fitness facility will be recorded.
5. **Memberships.** Memberships are allowed for anyone living in the Sudan school district or any parent/legal guardian of a student currently attending Sudan ISD. Members must be 18 years or older.
6. **Payments.** All memberships will be for a six month period. September through February and March through August. All payments will be made for six months at a time. Payments will be due on September 5th and March 5th. If the payment date falls on a weekend then the payment is due the Friday before. Payments not received on time could result in termination of membership.
7. **Refunds.** None allowed unless Participant becomes physically disabled.
8. **Assurance to Abide by All Rules.** Participant agrees to abide by all rules and regulations required by the District for participants. Non compliance could result in termination of membership.

By signing below, the Participant agrees to and acknowledges the forgoing release, waiver, representations and consents.

Name of Participant (printed)

Signature of Participant

Date

Card #

