

Finley Community Wellness Center

Membership Form

1) MEMBERSHIP DETAILS

Membership Start Date: _____ Expiration Date: _____

First Name: _____ Last Name: _____

Membership Type: Family Single

2) MEMBER DETAILS

Sex: Male Female DOB: _____ Age: _____ years

Postal Address: _____

Telephone: (H): _____ (W): _____ (Mobile): _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Additional Family Member Name: _____

Sex: Male Female DOB: _____ Age: _____ yrs Relation: _____

Additional Family Member Name: _____

Sex: Male Female DOB: _____ Age: _____ yrs Relation: _____

Additional Family Member Name: _____

Sex: Male Female DOB: _____ Age: _____ yrs Relation: _____

3) MEMBERS DECLARATION & PAYMENT DETAILS

I agree to pay a non-refundable yearly fee of \$ _____.

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Total Fees Received: \$ _____

Payment Type: Cash Check—Check Number _____

Staff Initials: _____ Date: _____

Finley Community Wellness Center

Committee Members:
Tori Archer
Jill Borch
Lori Fetting
Suzanne Halverson
Lori Mehus

Finley City Auditorium
Phone: 701-524-2645

Finley Community Wellness Center

ACKNOWLEDGEMENT OF RISKS, INJURY & OBLIGATIONS

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I acknowledge and understand that whilst participating in such activity:

- I may be injured, physically or mentally, or may die
- My personal property may be lost or damaged
- Other persons participating in such activity may cause me injury or may damage my property
- I may cause injury to other persons or damage their property
- The conditions in which the activity is conducted may vary without warning
- I may be injured, die or suffer damage to my property as a result of breaching this contract
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

ADMINISTRATION

Appropriate covered footwear and shirt must be worn and towels must be used at all times whilst in the gymnasium. Memberships are not refundable or transferable. All weights and equipment must be put back after use. Photo ID of some form must be shown upon request. Gym members are responsible for their key. Shared gym access with a non-member will result in a forfeiture of membership, effective immediately.

No one under the age of sixteen (16) will be permitted to enter the Finley Community Wellness Center, unless under parent or guardian supervision. Lost keys will be subject to a \$25 replacement charge.

DAMAGES

I understand that if any damages occur to the property of the Finley Community Wellness Center by my family members or myself, my membership will be revoked without a refund and I will be responsible for paying for all damages.

I understand that if I, or my family members bring any non member into the Finley Community Wellness Center and damages occur to the property of the Finley Community Wellness Center by that non-member, my membership will be revoked without a refund and I will be responsible for paying for all damages.

RELEASE AND INDEMNITY

I participate in the activity at my sole risk and responsibility.

I release, indemnify and hold harmless Finley Community Wellness Center, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever. I ALSO AGREE THAT in the event that I am injured or my personal property is damaged, I will bring no claim, legal or otherwise, against the Finley Community Wellness Center in respect of that injury or damage.

I _____ being the primary membership holder HEREBY ACKNOWLEDGE AND AGREE:

- I have read the whole of this document and understand it.
- I consent to the person(s) named in this acknowledgement and release participating in the activity and
- I am aware of the risks, dangers and obligations set out above in the acknowledgement and release.

SIGNATURE OF PRIMARY MEMBERSHIP HOLDER:

DATE: _____