

STOCKTON RECREATION FITNESS CENTER
DAILY OR WEEKLY MEMBER APPLICATION

Place guest card in drop box when finished

Membership Requirements:

Guest Daily Membership - \$5/day/Person _____

Guest Weekly Membership - \$10/wk/Person _____

Last Name _____ First Name _____ Middle Initial _____

Email Address _____ Work Phone _____ Home Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

Title (Mr. , Mrs. , Ms. , etc.) _____ Gender _____ Date of Birth _____

Emergency Contact _____ Relation _____ Phone Number _____

CONDITIONS OF PARTICIPANT

Participant (members, spouses, children and dependents) understands that physical activities involve a higher degree of risk than normal activities. Consult your Doctor of Physician before beginning any fitness or training regimen. The Stockton Fitness Center can not assume responsibility for the loss of personal property or injury to participants. Participant must present proper ID for facility participation. I have read the membership terms and conditions and agree to abide by the terms and conditions as stated and properly amended.

The undersigned member/guest agrees to abide by the rules of the Stockton Fitness Center.

The undersigned member/guest agrees that all use of the Stockton Recreation Fitness facilities, services, equipment and programs shall be undertaken at his/her sole risk and Stockton Recreation shall not be liable for any injuries, accidents or deaths occurring to member/guest, arising either directly or indirectly out of utilizing the Stockton Recreation Fitness facilities, services, equipment and programs. The member/guest, for himself/herself and on behalf of his/her executors, administrators, heir and assigns, does hereby expressly release, discharge, waive, relinquish, and agrees not to sue Stockton Recreation, its officers and agents for all such claims, demands, injuries, damages or cause of action, for injury to my person during my use of any of the equipment within Stockton Recreation Fitness Center or any injury that might result following the use of the Stockton Recreation Fitness Center.

The undersigned member/guest declares that they have discussed with their Doctor or Health Professional to address any known health conditions (i.e., unstable high blood pressure, uncontrolled diabetes, heart conditions, etc) that may preclude participation in moderate to strenuous exercise and is physically able to participate in physical activity. The member/guest has medical clearance if any known health conditions exist and declares he/she is in good health to participate in physical activity.

This agreement, signed by a legal guardian, will cover the undersigned single membership minor and/or all minors/children under a family membership. The undersigned legal guardian signifies agreement to policies, waivers, and rules for all minors under their family membership and/or the minor single membership of the undersigned individual below. As legal guardian, I understand that under no circumstance is a minor dependent(s) 12-15 years to be in the Stockton Recreation Fitness Center without my supervision, or minor dependent(s) 16-17 years to be in Stockton Recreation Fitness Center without an adult present (whether it is myself or Staffed hours).

Signature: _____

Date: _____