



PICKLE LAKE FITNESS CENTRE APPLICATION

Date: ____/____/____

APPLICANT INFORMATION

Name

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(FIRST)

(LAST)

Date of Birth: ____/____/____

Is the applicant under the age of 18? (Circle one) Yes / No

Residential Address: _____

Mailing Address: _____

(If different from residential address)

Phone Number:

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(HOME)

(WORK)

Emergency Contact

Name

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(FIRST)

(LAST)

Phone Number:

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(HOME)

(WORK)

Card No. _____ User No. _____

Start Date: ____/____/____ Length of Membership: _____

Payments:

Key Deposit: \$_____

Membership: \$_____

Total: \$_____

Receipt No. _____

SPECIAL NOTES:



The Corporation of the Township of Pickle Lake
Pickle Lake Fitness Centre
3 Anne St., Pickle Lake, ON, P0V 3A0

RELEASE AND INDEMNITY

1. I, the undersigned, acknowledge and agree that observing or participating in activities, including, but not limited to, using or operating the weights equipment, treadmills, steppers, exercise bikes, cardio machines, modular machines, performance machines, free-weights, pressing machines and any other machine at the Fitness Centre, or being in or upon the Fitness Centre, (which equipment, machines and premises are collectively referred to as "the Facilities", has **INHERENT AND OTHER RISKS**. Those risks include, but are not limited to:
 - Injuries, death, damage to property and financial loss resulting from:
 - falling, lifting excessive weights and other improper lifting and dropping equipment;
 - negligence;
 - inadequate or improper training or supervision;
 - misuse of the Facilities;
 - The failure of the Facilities or the condition, state of repair, quality, or placement of faulty design thereof.
2. I understand that instructions posted or otherwise provided from time to time by the Municipality or its agents, independent contractors and servants are important to my safety and to the safety of others, and I agree to follow all such instructions and to ask assistance if I do not understand such instructions.
3. ON BEHALF OF MYSELF, my family, my executors, heirs and administrators, I willingly and knowingly **ASSUME COMPLETE RESPONSIBILITY** for all risk of injury, death, damage to property and financial loss, in any way related to my observing or participating in activities referred to in Paragraph 1 hereof, and I **HEREBY RELEASE** the Municipality and its agents, independent contractors and servants from any and all claims thereto.
4. Without limiting the generality of the foregoing, my assumption of risk and agreement to indemnify includes and relates to injuries, death, damage to property and financial loss that may occur in any manner, whether or not **FORSEEABLE** at the time I sign this agreement, **and even if the same occurs as a result of the negligence of the Municipality, its agents, independent contractors and servants.**
5. **WARNING** - this agreement is legally binding. By signing it, you waive your right to recover compensation through the courts or otherwise, for any personal injury (including death), damage to property or financial loss, howsoever caused.
6. This Release and Indemnity is given in consideration of my being permitted to observe and participate in activities referred to in Paragraph 1 hereof.

I have read, understand and I agree to the above conditions:

Date: _____

Signature: _____

Witness: _____

Print Full Name: _____