

School District of New Holstein Fitness Center

MEMBERSHIP APPLICATION

Member's Name:	
Address:	
Phone #	

Emergency Contact/Number	
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Spouse's Name	
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I am a resident of the New Holstein School District

I am not a resident of New Holstein School District

Children grades 6-8 may use the fitness center only when accompanied by their own parent. The parent must remain in the fitness center at all times.

Expectations:

All members of the School District of New Holstein Fitness Center are expected to display appropriate behavior at all times when using the fitness center. Members behaving inappropriately may have their membership revoked. Refunds for out of district members will not be given.

Liability Release: (All adults must sign)

I understand and appreciate that there are a number of inherent risks involved with using the School District of New Holstein Fitness Center and, therefore, agree to follow any and all safety standards, guidelines and procedures established for using the School District of New Holstein Fitness Center.

I agree to assume responsibility for any and all past, present, or future loss or damage to property and/or bodily injury, including death, however caused, including negligence, from or arising out of or in any way connected with my using the fitness center. To this end, I irrevocably and unconditionally waive on behalf of myself, my heirs or legal guardian, any and all claims, demands, rights, damages, costs, losses, suits, actions, causes of action, attorneys' fees and expenses, of any nature whatsoever, against the School District of New Holstein, its officers, employees, volunteers, agents, and their heirs, executors and assigns for any injuries, foreseen and unforeseen, that should occur from my using the School District of New Holstein Fitness Center.

Signature

Date

Spouse Signature

Date

Adult Membership	_____ \$60 in district	_____ \$130 out of district
Family Adult Membership	_____ \$100 in district	_____ \$200 out of district
Senior Citizen Membership	_____ \$50 in district	_____ \$100 out of district
College Membership (NHSD graduate)	_____ \$25.00 with college ID	