

Wasco Fitness Center

Gym membership

Type of membership **Membership Rate** **Membership Start Date**
Single \$25.00__ Couple \$45.00__ \$ _____ _____
Monthly ____ Yearly ____ (12th month free) Other (specify) _____

By signing this form I agree to the WFC rules and regulations.

Member's signature _____ Date _____
Locker # _____

Wasco Fitness Center Rules and Regulations

- WFC is for adult use only. No persons under the age of 18 years, without prior written consent from management, are permitted in the building.
- Payments are due on the first business day of each month.
- Report any damage to appropriate person or building manager.
- Do not drop weights, kettlebells, or dumbbells.
- Do not bring food into the fitness area.
- Supply your own lock for lockers.
- Return all weights and equipment to their proper location.
- Appropriate footwear is required when using equipment.
- Wipe down all equipment after using it.
- Limit the use of cardio equipment to 30 minutes if there are others waiting.
- Alcohol, tobacco products, and drugs are prohibited.
- No loud music; headphones and personal music devices preferred.
- Hours of operation are 6:00 a.m. to 9:00 p.m.
- WFC is for members only. Please do not allow any non-members in to use the facility. If you would like to bring a guest, please make arrangements in advance and have them pay the daily fee of \$7.
- Lock all doors, close and lock windows, and turn off all lights if you are the last person to leave the room.
- Failure to comply with these rules may cause you to forfeit your membership, with the possibility of no refund of your dues.

The code to the keybox for the WFC will be changed monthly. Please list your email below so that we can update you when the code is changed.

_____ E-mail _____

Wasco Fitness Center
Release of liability

I have applied for permission to use the Wasco Fitness Center, which will be referred to as the "WFC" and participate in some or all of the facilities, activities, program and services offered within the WFC. I understand that there are certain inherent risks involved with participation in any exercise program and /or the use of the WFC equipment and facilities, and I have chosen to assume those risks.

My decision to use WFC and to engage in a program of exercise is entirely voluntary. I understand the WFC recommends, but does not require, that I consult my physician prior to engaging in any exercise program. I agree that I will not hold the City of Wasco, its subsidiaries, Board of Directors, employees and affiliates, including, but not limited to those persons who supervise the WFC, liable for any and all claims, suits, losses, or related causes of action for damages, including, but limited to, such claims that may result from any injury or death, accidental or otherwise, during, arising from or in anyway are attributable to my election not to consult my personal physician prior to beginning an exercise program.

Further, because my decision to use the WFC is entirely voluntary and because I have chosen to assume the risks associated with my use of equipment and facilities, I agree for myself, my heirs and personal representatives, that I will not hold the City of Wasco, its subsidiaries, Board of Directors, affiliates, and employees, including, but not limited to those persons who supervise the WFC, liable for any personal injuries or death, and loss of or damage to my property which may result from my use of the WFC.

Participant Name _____

Participant signature _____ Date _____

Staff Member Name _____

Staff Member Signature _____ Date _____