

Cassadaga Valley Central School
Fitness Center Participant Information and Consent Form

Name: _____
Last First Middle Initial

Address: _____
Complete Mailing Address & Physical Address (if different)

Phone: Home: () _____ Cellular: () _____ Alt: _____
If cell is home, please list an alternate number

Emergency Contact: _____ Phone: () _____ Alt: _____

Date of Birth: _____ / _____ / _____ Name/Relationship Male: ☐ Female: ☐ District Resident: ☐ Yes ☐ No

Residents age 65 and over qualify for a senior discount on a single or family membership with one qualifying family member.

Check Type of Membership and Payment Option Below: ☐ CV Student (No Fee) ☐ \$3 per day Visitor Pass (valid 1 day only)

☐ Faculty/Staff ☐ \$12 per month ☐ \$24 per quarter ☐ \$90 per year ☐ College Student \$36 per year (Valid College ID Required)

☐ Resident ☐ \$12 per month ☐ \$24 per quarter ☐ \$90 per year **Age 65+ Resident Only:** ☐ \$18 per quarter ☐ \$66 per year

☐ Resident Family* ☐ \$18 per mo. ☐ \$36 per qtr. ☐ \$120 per year **Age 65+ Resident Family Only:** ☐ \$30 per qtr. ☐ \$90 per year

☐ Non-Resident ☐ \$72 per quarter ☐ \$270 per year Non-Resident Family: ☐ \$108 per quarter ☐ \$360 per year

***Includes children to age 23 living in same household. Please list household family members with date of birth.**

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Informed Consent and Assumption of Risk Agreement

As a condition of using the Cassadaga Valley Central School District's Fitness Center, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions. I hereby acknowledge that I have completed the necessary paperwork for use of the Fitness Center's Equipment and participation in Fitness Center Activities and returned such to the District. I further understand that I will be solely responsible for monitoring the intensity of my use of the Fitness Center's equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being of other Fitness Center Users. I understand that the nature of the supervision of the Fitness Center provided by the District is general in nature, and the Fitness Center Supervisor is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participating in exercise activities. I hereby acknowledge that my use of the District's Fitness Center involves risks including possible injuries to bones, muscles, tendons, ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's Fitness Center. I hereby release the Cassadaga Valley Central School District, its Board of Education, in both their corporate and individual capacities, its employees, agents, and assigns, for all claims (of any nature) relating to my use of the District's Fitness Center, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment and property. Further, I understand I must sign this agreement before I will be allowed to use the Fitness Center and related equipment, as well as abide by the Fitness Center Rules and sign in (legibly) on the attendance sheet before commencing my workout.

Participant Signature _____ Date _____

If user is under 18 years of age, the user's parent or guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

Signature of Parent/Guardian _____ Date _____

Receipt Number/Amount# _____ /\$ _____ Received By: _____ Date: _____