CROSSLAKE COMMUNITY CENTER

EXERCISE & WEIGHT ROOM MEMBERSHIP INFORMATION

2017 MEMBERSHIPS FEES (INCLUDES TAX)

DAY PASS	$6.00
10 DAY PASS CARD	$55.00
1 MONTH	$35.00
2 MONTH	$70.00
3 MONTH	$90.00
6 MONTH	$160.00
9 MONTH	$225.00
12 MONTH	$260.00

*VETERANS—ASK US ABOUT OUR 10% DISCOUNT ON MEMBERSHIPS/DISCOUNT DOES NOT APPLY TO DAY PASSES

***The exercise/weight room is available for members to utilize during the open hours of the Crosslake Community Center. However, there are times when the exercise/weight room is not available for member use, for example, when a private party has reserved the facility. No day passes will be sold 45 minutes prior to closing time. Please keep these rules in mind when planning your workout schedule and please call Crosslake Parks & Recreation to check on availability at 218-692-4271.**

CCC Hours

Monday-Thursday
5:00 AM-9:00 PM

Friday	5 AM-7 PM
Saturday	8 AM-4 PM
Sunday	8 AM-4 PM

FITNESS ROOM REGISTRATION AND WAIVER

CHILDREN UNDER 15 MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN AT ALL TIMES.
NO CHILD UNDER 13 IS ALLOWED IN THE WEIGHT ROOM.

NAME_____ AGE (If under 18)_____

*EMERGENCY CONTACT_____ *EMERGENCY PHONE_____

HOME #_____ WORK/CELL #_____

ADDRESS_____ CITY_____ ZIP_____

WAIVER OF LIABILITY AND ASSUMPTION OF RESPONSIBILITY

*Print Name_____(the participant) hereby desires to utilize the Weight Room Facility at the Crosslake Community Center. Wishing to participate in the Activity referenced above and knowing there are certain dangers related to this activity, I hereby state and affirm that:

1. My PARTICIPATION is voluntary. I know and am aware of all dangers associated with my participation in this Activity and acknowledge that the City of Crosslake is only administering the registration portion of the Activity.
2. I understand and agree that neither the City of Crosslake (the "City") or any person acting on the behalf of the City, may be liable in any way for any event which occurs in connection with the Activity, which may result in harm, death, injury or other damage to me.
3. I understand that the City is not required to supervise the Activity.
4. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby release and hold harmless the City and any person acting on behalf of the City in this Activity from any liability for harm, death, injury or other damage which may befall me during this Activity, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of the City or any person acting on behalf of the City. This waiver does not apply to any injuries or damages that are the result of willful, wanton, or intentional misconduct.
5. The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator and all members of my family. I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.
6. The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you/your child or ward in the activity, in the administration of the activity, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you/your child or ward in the activity if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the activity. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.

****I also agree to allow no one into the weight room that does not have a membership or a day pass and that my membership is for my use only and cannot be transferred and used by anyone else. I understand that if I fail to follow this policy my membership will be terminated without refund. Separate, clean, athletic shoes (other than street shoes) and shirts must be worn at all times! Headphones must be used for any personal listening devices.**

Participant Signature_____ **Date**_____

Parent/Legal Guardian_____ **Date**_____
(If participant is under 18 parent/guardian must sign above)

******For Office Use******

Membership #_____ Membership Length _____ Fee: $_____ Vet. Pref. _____ Day Pass _____

Expiration Date_____ **Receipt #** _____