

RANDOM LAKE COMMUNITY FITNESS CENTER

Registration Form

Name: _____

Family Members: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work/Cell Phone #: _____

Email Address: _____

(Information will only be sent out regarding your membership and hours/closings of the Fitness Center)

Emergency Contact #1: _____

Emergency Contact #2: _____

If you are presently taking any medications, please check with your physician to determine how your medication will affect your exercise performance and your working heart rate, and to be sure it is safe to exercise.

WAIVER

I acknowledge the risk of accidental injury that may occur to me and/ or the participant while using the Fitness Center. The participant/parent/guardian assumes all responsibility in case of injury or harm to the participant. The Random Lake School District, its employees, agents, volunteers, or organizations associated with this activity will not be held responsible for any personal injury or loss that may occur in conjunction with this activity.

Signature of Participant (18+) / Parent / Guardian

Date