



# Colfax-Mingo Fitness Center

## Registration, Informed Consent, and Release Agreement

All registration forms must be submitted yearly\*

### Member Information:

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

### Access Card:

Your individual access card will serve to gain access to the facility through the northeast (main entrance). Access cards will be reprogrammed each July when your membership is renewed. The Colfax-Mingo Fitness Center has a video surveillance system with facial recognition, and your access card will alert the security system of your name and time of arrival. Do not let anyone else use your access card. We reserve the right to deny membership. Membership fees are non-refundable.

### Select Membership Fee:

Your membership fee is due now. Membership fees collected help defray the cost of upgrading the equipment and assist in paying for the maintenance of the room. All memberships are 1 year, July 1 -June 30. Membership costs will not be prorated if you join mid-year. Individuals have the option of use of the indoor track only or the track and fitness center. All other areas of the facility are off-limits, except for bathrooms located on the ground floor in the fitness center (across from the gym).

**\$50.00:** Individual with access to indoor track

**\$100.00:** Individual with access to indoor track and fitness room

**No Charge:** Colfax-Mingo Staff & Family, Colfax-Mingo School Board Members. Registration is required for each family member.

### **PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

(Must be completed for participants under the age of 18)

\*No children under grade 7 may participate in using the equipment at the Colfax-Mingo Fitness Center unless accompanied by a certified coach of Colfax-Mingo Community Schools\*

**An additional form is required**

*I have read the following rules and regulations regarding the Colfax-Mingo Fitness Center. By signing, I agree to the above terms as part of my membership. I acknowledge my membership may be suspended or revoked if violations occur regarding said membership.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Fr Office Use Only:</b> Access Card ID#: _____	<b>Paid by:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<b>Identification Confirmed by:</b> _____
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## Colfax-Mingo Community School District

1000 North Walnut Street, Colfax, IA 50054 ~ 515-674-3646 ~ www.colfax-mingo.k12.ia.us



## Colfax-Mingo Fitness Center

### WAIVER RELEASE

(PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK AND MEDICAL HISTORY)

***A WAIVER FORM IS REQUIRED FOR EACH MEMBER***

In consideration of the services of the Colfax-Mingo Community School District, their agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as the CMCSO), I hereby agree to release and discharge the CMCSO, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I assume that the CMCSO equipment in the Fitness Center entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: cardiovascular, (angina, hypertension, coronary artery disease, arrhythmia, cardiac arrest, heart attacks,) pulmonary system, musculoskeletal system (sprains, tears, breaks,) or any other health-related risk, known or unanticipated which could result in injury, death, illness, disease, emotional distress, or damage to myself, property, or third parties. Furthermore, I understand and acknowledge that we have no expertise in diagnosing, examining, or treating any medical condition.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I warrant that I am in good health, and that I assume the risk and hold harmless CMCSO from any risk relating to any preexisting conditions I have.

4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the CMCSO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the CMCSO equipment or facilities, including any such claims which allege the negligent acts or omissions of the CMCSO.

5. Should the CMCSO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

**Consult your physician before exercising at CMCSO. Follow the exercises carefully and exercise at your own pace. If you feel any strain, stop and consult your physician. By my signature below, I acknowledge that I have read the foregoing, understand it, and agree to the terms.**

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

**\*No children under grade 7 may participate in using the equipment at the Colfax-Mingo Fitness Center unless accompanied by a certified coach of Colfax-Mingo Community Schools\***

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

In consideration of \_\_\_\_\_ (print minor's name), being permitted to use the equipment at the Colfax-Mingo Fitness Center. I further agree to indemnify and hold harmless the Colfax-Mingo School District from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation of Minor.

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

In consideration of \_\_\_\_\_ (print minor's name), being permitted to use the equipment at the Colfax-Mingo Fitness Center. I further agree to indemnify and hold harmless the Colfax-Mingo School District from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation of Minor.

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

In consideration of \_\_\_\_\_ (print minor's name), being permitted to use the equipment at the Colfax-Mingo Fitness Center. I further agree to indemnify and hold harmless the Colfax-Mingo School District from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation of Minor.

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

In consideration of \_\_\_\_\_ (print minor's name), being permitted to use the equipment at the Colfax-Mingo Fitness Center. I further agree to indemnify and hold harmless the Colfax-Mingo School District from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation of Minor.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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