Renewal

Has your information changed since you joined the Fitness Center?

Yes No



– Powered by the Des Plaines Park District

## PRAIRIE LAKES FITNESS CENTER MEMBERSHIP

## PRAIRIE LAKES COMMUNITY CENTER

515 E. Thacker Street • Des Plaines, IL 60016 • P: 847-391-5711 • F: 847-391-5715 • DPParks.org

Last Name:			_ First Name:			Date:
Address:	City:					Zip:
Phone:		Emergency P	hone & Contact:			
E-mail:			Me	embership No:		
Membership Check all that apply	: Resident	Resident Non-resident		Corporate Company name:		
	☐ Fitness Center	☐ Racquetball	Racquetball			☐ Military
	☐ Individual	Plus 1	Plus 2 Senior/Stud		dent Healthy Minds/Healthy Bodie	
	One Year	One Month	☐ EFT	Personal Tr	aining Check one 1_	_ 3 6 10
	First time Des Pla	ines Resident Men	nber: Please provide	proof of residency	Verified by staff:	
Member's Na	me	Male/Female	Date of Birth Total	of Membership Fees	1. Only one regis	•
					Household or 2. Proof of reside	Couple, please.
					3. Please read an	•
					Waiver/Release below.  A parent or guardian must sign for any participant who is under 18.	
					4 ' ' '	s remain on file at th
						and PRIME members
			\$			ans are available for a . (Minimum 6-months.)
	District reserves the right to chang	. ,			-	
Credit Card (Che	eck one):VisaMa	sterCardDiscover	· 			
Card No.				Exp.	Date/	3-digit CVV (on back of card
Cardholder Nar	ne Please print		Sig	nature		
Eitnoss Conto	r Waiver and Release					
	tness activities such as passive		e of the stair machines, jogg	ng, free weights, and othe	r training devices are intend	led to challenge and engage tl
	d emotional resources of the pa gers can not be foreseen.  Depe					
to follow instruction	ns, slips and falls, unfamiliarit	y with the equipment and/o	or exercise, equipment failur	e, failure in supervision/in	struction, premises defect,	and other risks inherent to tl
	xist. In this regards, it is imposs s can involve a substantial risk		-			_
	oke and circulatory problem					
Member's Nam	ePlease print		Sign	ature		
	r rease priffit			ii over 10		

## SILVERSNEAKERS, and PRIME FITNESS MEMBERSHIPS

Tivity Health® Waiver and Assumption of Risk Please consult with your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sports programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Tivity Health® participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Tivity Health participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Tivity Health participating location, any sponsoring organization, Tivity Health, or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Tivity Health participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs:

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure.
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation in the legs, valvular heart disease, blood clots.
- Frequent fast, irregular heartbeats OR very slow heartbeats.
- · Diabetes.
- Previous hip or spinal fracture (as an adult).
- Lung disease or shortness of breath after mild exertion, at rest, or in bed.
- Open cuts on my feet that do not seem to heal.
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months.
- More than two falls in the past year (no matter what the reason).
- More than one year since I have engaged in regular physical activity.

Member's Name (Print)	_
Member's Signature	Date
Emergency Contact Name	PRAIRIE LAI
Contact Phone Number	PRAIRIE LAI FITNESS CEN