

FITNESS & AQUATIC MEMBERSHIP WAIVERS

Prairie Lakes Community Center • 515 E. Thacker Street • Des Plaines, IL 60016 • DPParks.org

Fitness Center, Gym, and Walking Track: Waiver and Release

Aerobic and other fitness activities such as passive/resistive weight training, use of the stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers, and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defect, and other risks inherent to the particular activity exist. In this regards, it is impossible for the Des Plaines Park District to guarantee absolute safety. Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

1. Heart Attack, stroke and circulatory problem
2. Bone and joint injuries
3. Back and neck injuries
4. Shin splints
5. Muscle strain and other muscle injuries
6. Foot problems

I further agree to waive and relinquish all claims I, or my minor child/ward may have (or accrue to me or my child/ward) as a result of use of the Park District's fitness center, gym, and/or walking track and programs against the Park District, including its officials, agents, volunteers, and employees.

Member's Name _____ Signature _____
Please print If over 18

Member's Name _____ Signature _____
Please print If over 18

Member's Name _____ Signature _____
Please print If over 18

Member's Name _____ Signature _____
Please print If over 18

Guardian's Signature for Participants under 18 years of age _____

Aquatic Center Waiver and Release

The (Des Plaines Park District) "Park District" is committed to providing safe aquatic facilities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and regulations that are designed to protect the participants' safety. However, participants and parents/guardians of minors engaged in aquatic activities must recognize that there is an inherent risk of injury.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities associated with this Pool Pass. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical/aquatic activity.

Warning of Risk

Swimming and other aquatic activities challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards can be foreseen. The very nature of swimming and aquatic activities is hazardous and risky, including but not limited to fatigue, overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response times, horseplay, diving or cannonballing into shallow water and striking the bottom or striking other swimmers, striking one's head on the bottom, slips and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in consideration for this Pool Pass you will be expressly assuming the risk and legal liability and waiving all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participation in any and all activities connected with and associated with use of the Park District aquatic facilities and programs. "I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injury any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participation in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and the aquatic staffs are not responsible for supervising my activities or the activities of my minor child/ward and I agree that I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I additionally agree to supervise any children under age 10 at all times. I agree to the terms of the District Photo/Video Policy."

"I further agree to waive and relinquish all claims I, or my minor child may have (or accrue to me or my child/ward) as a result of use of the Park District's aquatic facilities and programs against the Park District, including its officials, agents, volunteers and employees."

Never leave any child with poor swimming skills, or younger than 10 years of age, unaccompanied by a parent or responsible person 18 years of age or older.

Member's Name _____ Signature _____
Please print If over 18

Member's Name _____ Signature _____
Please print If over 18

Member's Name _____ Signature _____
Please print If over 18

Member's Name _____ Signature _____
Please print If over 18

Guardian's Signature for Participants under 18 years of age _____

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 _____

Contact Phone Number _____



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