



2222 Birch Street  
Administrative and Leisure Center  
P: 847-391-5700 W: dppd.org

Date: \_\_\_\_\_

Household Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Resident: \_\_\_\_\_ Non-Resident: \_\_\_\_\_ Senior(60+)/Student/Military: \_\_\_\_\_ Corporate: \_\_\_\_\_  
(Verification Required) (Verification Required) (Verification Required)

SilverSneakers\* Prime\* Renew Active Membership Number: \_\_\_\_\_

Payment Method: Annual EFT Monthly Daily

Participant First Name	M/F	Birth Date	Fee
			Total: \$

### 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 cannot 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 regard, 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 problems 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

Guardian's signature for participants under 18 years of age: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

## **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:** \_\_\_\_\_