



Fitness Center Registration

Eligibility: Individuals using the Fitness Center must follow all rules and regulations outlined in the ICC Policy for the Fitness Center, a copy of which is attached hereto.

Name: _____ D.O.B. _____

Primary Residential Address: _____

Phone: _____ Email: _____

Islesboro Address if different: _____

Phone: _____

Type of Membership: _____

Are there any allergies, medications or health issues we should know about?(over)

By signing this waiver form to use the Islesboro Community Center Fitness Center, I have met and agree to the following conditions:

1. I have completed this form and paid membership fees for Fitness Center use;
2. I have completed the medical information form Par-Q and You.
3. I will participate in an orientation session for proper use of the equipment in the Fitness Center, prior to using the Fitness Center.
4. I have will follow the stated Rules and Regulations for center use.
5. I give my permission to receive medical treatment in the event of injury or need while using the Fitness Center;
6. I have signed the Waiver of Liability form-

Signature Date:

ICC STAFF: Registration Form & membership fee received by: _____ Date: _____

FOR ICC STAFF ONLY:

PAYMENT METHOD:



RELEASE AND WAIVER OF LEGAL LIABILITY

This is a two-page document be sure to read BOTH before signing it.

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of any minor child, release the Islesboro Community Center, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, Islesboro Community Center). You agree that this Release is effective immediately.

This is important to you and any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) **GENERAL RELEASE:** I hereby agree for myself and my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold The Islesboro Community Center and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program

harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow my child to engage. I further waive any and all claims or causes of action which I or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of Maine and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect

2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my Islesboro Community Center activities. You assume the risks: I, individually and on behalf of my minor child, understand that he Islesboro Community Center activities are strenuous and dangerous and should be engaged in only by persons in good health-1 understand that I should consult a physician before enrolling myself or my child in the Islesboro Community Center program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) **MEDICAL RELEASE:** I, individually or on behalf of any minor child, further hereby release he Islesboro Community Center from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at he Islesboro Community Center.

A) I take full responsibility for my and my child(s) welfare and safety on or at the Islesboro Community Center activities.

B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.



4) **INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the he Islesboro Community Center does not carry insurance to cover injuries and losses that may befall you.

5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow he Islesboro Community Center's use of any photos of my minor child or me at its sole discretion.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/ GUARDIAN AS EVIDENCED BY THEIR SIGNATURES BELOW.

Applicant Signature Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) THIS IS TO CERTIFY THAT WE, AS PARENTS/GUARDIANS WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, DO CONSENT AND AGREE TO HIS/HER RELEASE, AS PROVIDED ABOVE, OF ALL THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THEIR NEGLIGENCE, TO THE FULLEST EXTENT PERMITTED BY LAW. I HAVE INSTRUCTED THE MINOR PARTICIPANT AS TO THE ABOVE WARNINGS AND CONDITIONS AND THEIR RAMIFICATIONS.

BOTH PARENTS MUST SIGN

Individually and as Parent and Date
Legal Guardian

Individually and as Parent and/ Legal Guardian Date