

PLEASE PRINT LEGIBLY

Full Name: _____ Date of Birth _____

Mailing Address: _____
First Middle/Initial Last
Street Address - PO Box City State Zip

Phone (_____) _____ Email Address _____

In Case of Emergency Call: (_____) _____

Emergency Contact Name: _____ Relationship _____

I understand that participation is granted on an individual basis, is nonrefundable, nontransferable and non-salable. Fees are not based on usage.

What is your goal and/or reason for lifting/cardio? _____

Do you have any injuries that may hinder your goals? _____

Would you like advice on workout splits/nutrition/supplements? _____

For advice on these or any other fitness questions please feel free to contact Cher Reyes, Recreation Director at 928-524-6225 or ask for her at City Hall.

NOTE: Lockers are provided as a courtesy without guarantee of availability. A \$5.00 lock key replacement will be charged for lost key. THE FITNESS CENTER IS NOT RESPONSIBLE FOR LOST, STOLEN OR DAMAGED ARTICLES. DO NOT BRING VALUABLES TO THE FITNESS CENTER.

HOURS OF OPERATION: Hours of operation and closures shall be posted on the premises.

I understand and agree to abide by City of Holbrook and Holbrook Fitness Center Rules. As a user I may be denied participation for violation of these City policies. I understand that I cannot use the Fitness Center if I am indebted to the City. I also understand that no one under the age of 14 is allowed in the Fitness Center.

In consideration of the City's acceptance of me as a participant in the Physical Fitness Program and on behalf of myself, my heirs, executor, administrator, or assigns, I hereby release the City, its agents, employees, and Council from any liability for injury or damage to me caused by reason of my participation in the Program unless and to the extent only that such damage or injury is caused by negligence of the City or its agents. I expressly release the City from liability for any injury or damages to me caused in whole or in part by any pre-existing medical or physical condition whether or not I know of such condition and whether or not the City knows or should have known of such condition.

I submit that all of the above information is true, that any false information is considered just cause for disqualification.

Signature: _____ Date: _____

PUBLIC NOTICE OF NONDISCRIMINATION: City of Holbrook does not discriminate on the basis of race, color, national origin, religion, marital status, gender, age or disability in admission or access to, or treatment in its activities.