

# Fox Township Community Fitness Center

## Membership Application and Liability Waiver

Please Print

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Age: \_\_\_\_\_  
Emergency Contacts  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### Membership Year 2015

Individual Adult

35 Dollars three Month /  
55 dollars six months  
100 Dollars year \_\_\_\_\_

Check One below

Individual Student (under 18)

15 Dollars 3 months \_\_\_\_\_

### Family

Family Members, (List Below) Employee/Volunteer

70 Dollars Three Months  
110 dollars six months  
200 Dollars year \_\_\_\_\_

Ambulance/Fire Dept.  
No Fee \_\_\_\_\_

I/We the undersigned agree to use this facility at our own risk and hereby waive, release, absolve, indemnify, and agree not to hold Fox Township, The Fox Township Board of Supervisors, its employees, and any other boards or organizations or individuals that may be involved in the fitness center from all liability and any claim that may result from use of this facility which results in injury from such use of the Fitness center, or through negligence or any other cause.

Please Note that this membership allows use of this facility by the paid applicant(s) Only, allowing nonmembers use of this facility under this application will result in its termination.

Members Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Members Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
If under 18 Parent or Guardian \_\_\_\_\_

CARD # \_\_\_\_\_

10 DOLLARS ANYTIME A SWIPE CARD  
IS ISSUED