

Wilmette Park District

Center Fitness Club

3000 Glenview Road

Wilmette, Illinois 60091-3065

847-256-9117 • Fax 847-251-4930



WPD Res	_____
Non-Res	_____
HH #	_____
Mem Type	_____
Today's Date	_____
Receipt #	_____

SENIOR WALKING CLUB MEMBERSHIP FORM

First Name: _____

Last Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone Number: _____

Birth Date: ____/____/____

E-mail: _____

Emergency Contact and Number: _____

Membership Type:

Meskill Center Membership

Senior Walking Club Membership

Form of Payment:

Check (1)

Cash (2)

Visa (4)

MasterCard (5)

Discover (6)

Contract Date: _____ Payment Amount Received: _____

Membership Expiration Date: _____ Balance Due: _____

Member Signature: _____ Date: _____

Employee Authorization: _____

***** PLEASE SIGN THE WAIVER ON THE OTHER SIDE OF THIS APPLICATION. THANK YOU! *****

Wilmette Park District
Center Fitness Club

3000 Glenview Road, Wilmette, IL 60091-3065
847-920-3900 • Fax 847-251-4930

Waiver and Release Form

Important Program Details

Participants and parents registering themselves or a family member must recognize that there is inherent risk of injury when choosing to participate in recreational activities. You are responsible for determining if you or your minor/ward are physically fit and properly skilled for participating in any particular activity or program. It is always advisable, especially if you are pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking or participating in recreational activities.

Please recognize that the Wilmette Park District does not carry medical/accident insurance for injuries sustained in their programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Wilmette Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of this Waiver and Release. Your cooperation is greatly appreciated.

Terms of Membership/Refunds

I understand that my membership may be cancelled if I am in violation of the rules and regulations of the Wilmette Park District's Center Fitness Club, and I will be entitled to a refund only under the following:

- Refunds will be issued for Annual Charter Memberships only within the first month (30 days) and will assessed a 20% service charge. A prorated refund will be issued at any time with a medical note written by your physician.
- For any services or fee structures where full payment is mandatory, there will be no refunds.
- I understand that I will be responsible for the payment of all fees related to my membership plan should I decide to resign during the period of my membership.

Photography Waiver

I recognize and acknowledge that occasionally the Wilmette Park District Center Fitness Club will take photographs of participants utilizing the Fitness Center for promotional purposes. I release and authorize the Wilmette Park District Center Fitness Club to use any photograph of my minor/ward or myself for any promotional purposes.

Permission to Secure Treatment

In the event of any emergency, I authorize the Wilmette Park District to secure from any hospital, physician, and/or medical personnel, any treatment deemed necessary for immediate care and agree that I will be responsible for the payment of any and all medical services rendered.

Waiver and Release of all Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of use of the fitness facility or participation in its programs. Minor members 11-17 must have this waiver signed by a parent/guardian 21 years of age or older.

I recognize and acknowledge there are certain risks of physical injury to persons participating in activities and utilizing the equipment in the fitness facility and I agree to assume the full risk of any such injuries, damages or loss regardless of the severity which I or my minor child/ward may sustain as a result of participating in any and all activities including, but not limited to, bodily injuries, heart attack/accelerated high blood pressure, heat exhaustion, and including death, connected with or associated with such activities or programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the activities of the Center Fitness Club against the Wilmette Park District and its officers, agents, servants and employees.

I do hereby release and discharge the Wilmette Park District and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss, including, but not limited to the above, which I or my minor child/ward may sustain or arising out of, connected with, or in any way associated with the activities of the Center Fitness Center or participation in its programs.

I further agree to indemnify and hold harmless and defend the Wilmette Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages or loss, including, but not limited to the above, which I or my minor child/ward may sustain as a result of my participation or the participation of my minor/ward in such activities or programs.

I have read and fully understand the Program Details, Terms of Membership/Refund, Photography Waiver, Permission to Secure Treatment, and Waiver and Release of all claims.

Signature of Participant or Parent/Guardian: _____

Date: _____