

Village of Elbow - Schikowski Family Farms Fitness Centre Waiver

Name: _____ Date: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____

Emergency Contact Cell Number: _____

Length of membership:

1 Month - \$35

6 Months - \$185

1 Year - \$360

*Firefighters and first responders receive 50% discount

Paid by:

Cash

Cheque

E-transfer

In order to have all memberships end on the last day of the month, memberships will all start the first day of the upcoming month.

Payment Calculation:

Cost of membership: \$ _____ + # of days left in the month _____ x \$1/day = \$ _____

*Payment instructions: Send e-transfers to recreationelbow@gmail.com with the memo: Fitness Centre Membership. Cheques can be made payable to the Village of Elbow.

By purchasing a membership, I acknowledge that I have read, understand and agree to the following:

- I am over the age of 15
- I will follow all rules and regulations posted by the Village of Elbow
- The fitness centre is an unsupervised gym and that any use of our equipment and space is at your own risk
- I waive all liability from the Village of Elbow, Schikowski Family Farms, and any and all volunteers/employees for any injury, death, damage, or loss of property as a result of being at the fitness center and/or using the equipment therein
- I understand that it is recommended to see a physician prior to beginning physical exercise programs
- I hold the responsibility for replacing any equipment I break due to misuse
- Any violation of this contract will result in termination of the membership with no refund
- The code I am provided is not to be given to a non-member
- I am aware that I will be recorded on a CCTV while on the premises

Signed: _____