

**MEMBERSHIP AGREEMENT**

<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Student <input type="checkbox"/> Employee	Membership # _____	Activation Date mm / dd / yyyy	Expiry Date mm / dd / yyyy	Membership Term (Months) _____
Name		Mailing Address		Town/City	
Province	Postal Code	Phone (home)	Phone (cell/work)	Email	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate mm / dd / yyyy	Emergency Contact		Emergency Phone	

**MEMBER TERMS OF USE**

Please refer to the accompanying Fitness Centre Membership Guide for complete details regarding Deseronto Fitness Centre terms of use.

**MEMBER ASSUMPTION OF RISK AND RELEASE**

I understand the risk of injury from DESERONTO FITNESS CENTRE activities and using any DESERONTO FITNESS CENTRE equipment is significant, including the potential for permanent paralysis and death, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I acknowledge that this is an UNSUPERVISED FITNESS CENTER and I assume all risks associated with using exercise equipment, other products and machines and exercising alone without the aid and presence of DESERONTO FITNESS CENTRE staff on the premises. I agree to comply with membership terms of use as outlined in the FITNESS CENTRE MEMBERSHIP GUIDE at all times during my use of the equipment, products, machines and facilities. I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Town of Deseronto, its officials, employees and agents, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to person or property that may arise out of or in connection with my use of any of the equipment, products and machines or the facilities of the DESERONTO FITNESS CENTRE, or any incident that occurs while using such facilities, or otherwise related to my membership. I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the DESERONTO FITNESS CENTRE is relying on this release in agreeing to enter into this Agreement.

I HAVE READ THE RISK AND RELEASE AGREEMENT, VERIFY THAT I FULLY UNDERSTAND AND AGREE TO ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Member Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
(required for members under age 18)

Member OR Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parents/Guardians must sign on behalf of members under the age of 18. The minimum member age is 16)

Employee Name \_\_\_\_\_ Date \_\_\_\_\_