

Main Contact / Self: _____
Last Name, First Name

Address: _____
House Number Street City, State & Zip

Email: _____ **Area Code & Phone:** _____

Please note that physical activity is recognized by the medical profession as being a significant coronary heart disease risk factor. Although overwhelming evidence points to the need for all persons to attain and maintain an adequate fitness level, the first step to increasing your degree of fitness is to consult with your physician before significantly raising your amount of physical activity.

As a City of Georgetown Recreation Center Member or Visitor and/or a Participant in Georgetown Parks and Recreation programs, you must read and agree to the following: My family and I desire to use the physical exercise facilities and services of the City of Georgetown Parks and Recreation Division. In connection with that desire, I make and attest to the truth of the following statements and undertakings:

1. Georgetown Parks and Recreation Division defines FAMILY as an adult, a spouse and any dependents ages 22 and under living at home or at college. Adult, non-dependent children or other related adults living at the same address are not eligible to be included in a family membership. A COUPLE may be any two people living at the same address, ages 8 and above.
2. My family members and I are in good physical health and able to tolerate, to the best of my knowledge, the physical strain which results from exercise, without injuring ourselves. I understand that the physical exercise and activity which my family members and I may take or participate in with the City of Georgetown Parks and Recreation Programs could injure us slightly, seriously, or fatally.
3. I understand that we should consult our personal physician(s) concerning the risks of overtraining due to exercise and that the City of Georgetown Parks and Recreation Division does not provide medical advice, or medical insurance, to persons participating in its program.
4. I understand that it is important to discuss any physical limitations we have with the instructor, trainer or staff involved in helping us meet our fitness goals. I understand that we must follow the instructor's guidelines to insure a safe level according to my physical limitations.
5. My family members and I agree to abide by all City of Georgetown Parks and Recreation facility or event rules.

Therefore, I hereby for myself and my family, my heirs, executors and administrators, waive and release all rights and claims for damages my family members and I may have against the City of Georgetown. I also further agree to defend indemnity and hold harmless the City of Georgetown, The Parks and Recreation Division, its employee(s), agent(s), representative(s) and volunteer(s) and assigns for any and all injuries suffered through participation in the programs and activities sponsored by the Parks and Recreation Division. Additionally, since risk of injury or death is inherent to any form of physical activity, we are advised to consult with our physician(s) prior to beginning participation in any program(s).

Emergency Contact: _____
Last Name, First Name (Relationship to Account Holder(s)) Phone Number

Please list **SELF** (Main Contact), **SPOUSE** and all **DEPENDENTS** (ages 22 and under) in this household:

- | | |
|---|--------------------------|
| 1. _____ DOB: _____ M F
<small>MC / Self</small> | 6. _____ DOB: _____ M F |
| 2. _____ DOB: _____ M F | 7. _____ DOB: _____ M F |
| 3. _____ DOB: _____ M F | 8. _____ DOB: _____ M F |
| 4. _____ DOB: _____ M F | 9. _____ DOB: _____ M F |
| 5. _____ DOB: _____ M F | 10. _____ DOB: _____ M F |

Signature (MC / Self): _____ **Date:** _____