

Fox Township Community Fitness Center

Membership Application and Liability Waiver

Please Print

Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Age _____

Emergency Contact

Name _____ Phone Number _____

MEMBERSHIP TYPE (check one below)

INDIVIDUAL ADULT

- ___ Three Months \$35
- ___ Six Months \$55
- ___ One Year \$100

FAMILY MEMBERSHIP

- ___ Three Months \$70
- ___ Six Months \$110
- ___ One Year \$200

List Family Members: _____

INDIVIDUAL STUDENT (under 18 years)

- ___ Three Months \$15

- ___ **FOX TOWNSHIP EMPLOYEE (free)**
- ___ **FOX TWP FIRE DEPT ACTIVE MEMBER (free)**
- ___ **FOX TWP AMBULANCE EMT/EMR (free)**

A \$10.00 fee per card will be added to the membership fee when a new access card is issued.

I / We (if family membership) the undersigned, as well as the family members I represent, 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, organizations or individuals that may be involved in the fitness center from all liability and any claim that may result from the 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 THE USE OF THIS FACILITY BY THE PAID APPLICANT(S) ONLY.
ALLOWING NONMEMBERS TO USE THIS FACILITY UNDER THIS APPLICATION WILL RESULT IN TERMINATION.**

Applicants Signature _____ **Date** _____
(If under 18 years, Parent or Guardian must sign)

CARD NUMBER ISSUED _____ **TOTAL FEES PAID** _____