

Frank Brown Recreation Fitness Center Application Form

For Office Use Only:	Please Initial
Data Entered: _____	Photo ID Taken: _____
Date Entered: _____	Payment Received: _____

The Frank Brown Recreation Fitness Center is open to citizens who live or work within the city limits of Auburn. A \$25.00 fee will be charged for a facility access/identification card and replacement cards will also cost \$25.00. The use of the fitness center is non-transferable and can only be used by the card holder. Children ages 16-18 years must be accompanied by a parent or legal guardian; anyone under the age of 16 is not allowed membership.

Today's Date: _____ Card Number: _____
First Name: _____ Last Name: _____
Birthdate: _____
Address (NO P.O. Box): _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-Mail: _____
If you do not live in the City of Auburn, please list your place of employment: _____

Emergency Contact: _____ Relationship: _____
Emergency Phone: _____

I agree to abide by the facility rules and conditions and to treat with respect the facility and equipment and the rights of other people using both.

_____ I received a copy of the Fitness Center Rules. (Please Initial)

WAIVER AND RELEASE OF ALL CLAIMS

I attest that I am physically healthy enough to use the equipment in the fitness center. I recognize and acknowledge that there are certain risks of physical injury arising from the use of the fitness center and I agree to assume the full risk of any injuries, damages, or loss which I or my ward may sustain as a result of using the fitness center.

I do hereby waive, release and discharge the City of Auburn, its officers, agents, servants, representatives, employees, and board members from any and all claims for injuries, damages, or loss which I or my ward may sustain or which may accrue to me or my ward arising out of, connected with, or in any way associated with my or my ward's use of the fitness center.

I further agree to indemnify, hold harmless, and defend the City of Auburn, its officials, agents, servants, Representatives, employees, and board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with my use of the fitness center.

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

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE APPLICATION FORM, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE MEDICAL TREATMENT.

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if Under 19: _____