



MADAWASKA COMMUNITY GYM

328 St. Thomas Street, Suite 101, Madawaska, Maine 04756-1299
Tel — (207) 728-3604 • Fax — (207) 728-3611

MEMEBRSHIP APPLICATION

Start Date:: _____ Membership card # : _____

Name: _____ Phone: _____ Cell: _____

Address: _____

Date of Birth/Age _____ Emergency Contact/Ph. # _____

WARRANT OF PHYSICAL FITNESS

The member warrants that he/she is in good physical condition and has no disability, impairment, or ailment, which would be adversely affected by participation in a physical conditioning program or by use of the gym facilities or services. Note: Town of Madawaska suggests that the undersigned have a physical examination performed by a qualified physician prior to obtaining membership.

WAIVER OF LIABILITY

It is expressly agreed that all use of the fitness facility shall be undertaken by a member at his/her own sole risk. The gym shall not be liable for any injuries or damage to any member, or the property of any member, or be subject to any claim, demand, injury, or damages, including, without any limitations, those damages resulting from acts of active or passive negligence on the part of the gym, as successors or assigns, as well as its officers and agents, for all such claims, demands, injured damages, actions, or causes of action. It is specifically agreed that the gym shall not be responsible or liable for loss or damage to any other property of members, including their automobiles and contents. It is also agreed that any damages to the gym facilities or property of any member by another member, is the sole responsibility of the offender. **WITNESSED BY:** _____ **MEMBER:** _____

The minimum age for gym membership shall be 12. **All members ages 12 to 17 year olds must be accompanied by a parent or guardian at all times.** I hereby agree to be responsible for any and all damages to the premises of, or equipment belonging to Madawaska Community Gym. Furthermore, it is to be understood that the user of the equipment assumes the risk of injury.

PARENT/GUARDIAN SIGNATURE: _____

I hereby agree to be responsible for any and all damages to the premises of, or equipment belonging to Madawaska Community Gym. Furthermore, it is to be understood that the user of the equipment assumes the risk of injury.

MEMBER SIGNATURE: _____

BACKGROUND CHECK

I understand that by signing this membership agreement, I authorize the Madawaska Police Department to conduct a criminal background check prior to being approved for membership. A criminal history in some cases will not prohibit an individual's ability to become a member of the Madawaska Community Gym. Each offense will be reviewed by the Madawaska Police Chief to determine if such a record possesses a threat to staff, volunteers, gym members and students. All information will be kept confidential. (Membership approval will be pending until background check is complete. Process may take up to 72 hours.)

Signature of Applicant: _____ Date: _____

Office use only

Police Chief recommends: _____ Approved _____ Denied

Signature of Chief: _____ Date: _____