

Chatham Parks and Recreation
Chatham Community Center Fitness Room
Waiver Form

Eligibility: Individuals using the Fitness Room must be residents of Chatham, and follow all rules and regulations outlined in the Use Policy for the Fitness Room, a copy of which is attached hereto.

Hours of Operation: Monday – Saturday: 8:00 A.M. to 9 P.M.
Sundays: 1 – 5:00 P.M.
(The Fitness Room will be closed on Sundays during the Summer)

Membership Fees: Family \$150.00 per year
Individual \$100.00 per year
\$50.00 monthly fee (capped at \$100.00)
\$35.00 per week
\$10.00 daily fee

Clip here and return

Fitness Room Registration Form

Name: _____ D.O.B. _____

Residential Address: _____
Street Address (required) Town (Chatham, North, South or West)

Are there any allergies, medications or health issues we should know about?

By signing this waiver form to use the Chatham Community Center Fitness Room, I have met and agree to the following conditions:

1. I have completed a Family Registration Form, and paid membership fees for Fitness Room use;
2. I have watched the orientation video for proper use of the equipment in the Fitness Room
3. I have received a copy of the Use Policy for the Fitness Room, and will follow the stated Rules and Regulations for room use as outlined in the policy;
4. I give my permission to receive medical treatment in the event of injury or need while using the Fitness Room;
5. In consideration of your accepting my entry, I, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program.
6. I agree pictures taken during program hours may be used for future promotional purposes.

Signature

Date:

Waiver Form, Family Registration Form & membership fee received by: _____ Date: _____