

# **“Home For The Summer”**

Total Fitness Application

Summer 2017



## *College Students Only*

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JCC Student:            Summer Session I (May 22-July 8) \$40.00   
                                 Summer Session 2 (July 10 – Aug 26) \$40.00   
                                 Both Sessions \$75.00   
Non-JCC Students    May 21-Aug 17 \$100.00

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

College: \_\_\_\_\_

Email Address: \_\_\_\_\_

In consideration for receiving permission to participate in JCC Total Fitness, I agree to be responsible for my recreation adherence to the rules and regulations set forth by the JCC/FSA for the safe and correct operation of the recreation facility, including proper use of the equipment, and following directions and instructions of Total Fitness staff and FSA personnel. I further acknowledge that failure to follow these rules and regulations may result in the forfeiture of my recreation membership privileges at JCC, and may result in immediate expulsion from the facility. Further, I hereby release, waive, discharge, and covenant not to sue JCC/FSA from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, with the cause by the negligence of JCC/FSA, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted. I am fully aware of risks and hazards connected with JCC Total Fitness and recreation membership, including the risk of serious injury, and I hereby elect to voluntarily participate in said activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury. I swear/affirm that I am not a registered sex offender in any jurisdiction. Any falsification of this application form or of the signatures will result in termination of my membership.”

Signed: \_\_\_\_\_

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office use only:

Date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Card# \_\_\_\_\_ Recorded by: \_\_\_\_\_