

Oriskany Central School District
Fitness Center
Membership Application

Member Information:

Member #1

Last Name		First Name	Middle Initial
Gender: M	F	Date of Birth: _____	
Address		City	State Zip
Home Phone		Work Phone	Cell Phone
Employer		Address	Occupation
Emergency Contact		Phone #	Alt. Phone #

I understand and agree that in consideration of being granted access to and the use of the facilities of the Oriskany Central School District, I assume any and all risk with respect to such access and use, and hereby release the Oriskany Central School District, its representatives, agents, servants, and employees from liability for any injuries sustained or damage incurred in the course of such access and use resulting from any cause whatsoever which may be sustained. I also certify that I am physically able to participate in an exercise program.

Signature Date

Parent Consent Signature (for member under the age of 18) Date

RELEASE OF LIABILITY AND ASSUMPTION OF RISK
ORISKANY CENTRAL SCHOOL DISTRICT
FITNESS CENTER

In consideration of the Oriskany Central School District permitting _____ to use the District's Fitness Center located at the Jr./Sr. High School, I hereby release the district, its employees, officers, directors, agents, representatives, coaches and volunteers from all claims and causes of action of any nature (including those based in negligence), arising from, or in any manner incident to such use of the District's Fitness Center, and agree that I will not initiate any legal action in any form against the District, its employees, officers, directors, agenda, representatives, coaches, and volunteers in connection with such use of the District's Fitness Center.

I understand that by operation of this document, I agree to assume any and all risks and liabilities, which arise during and/or are associated with my use of the District's Fitness Center.

I authorize the District and its employees, officers, directors, agents, representatives, coaches and volunteers to provide or authorize provision of any medical treatment for me that appears to be needed as a result of my use of the District's Fitness Center, and I hereby release the District, its employees, officers, directors, agents, representatives, coaches and volunteers from any and all liability (liability based on negligence) resulting from the provision or authorization of such medical treatment.

By my signature, below, I acknowledge that I read, understand and agree to all of the terms of this document. I agree to follow all of the District's rules relating to the use of the Fitness Center and understand that any violation of these rules may result in the loss of privileges to use the Fitness Center.

Name of individual using Fitness Center

Phone

Street Address

City State Zip

Signature Date

ORISKANY CENTRAL SCHOOL DISTRICT
FITNESS CENTER
COMPLETION OF ORIENTATION FORM

I _____ have completed the Oriskany Central School District Fitness Center orientation. I understand all information provided to me during the orientation.

Signature

Date