

## **Borough of Marcus Hook**

## CURT WELDON COMMUNITY CENTER APPLICATION FOR FITNESS CENTER MEMBERSHIP

A membership card issued as a result of the information provided herewith is subject to the conditions set forth on the reverse side of this application.

Name of Applicant		
Home Phone	Cell Phone	
Address (Proof of Marcus Ho identification etc.)	ok residency required: driver's license, tax bill,	lease, state
organizers, and all leaders assigned i	Borough of Marcus Hook, its officers, agents, e by them, from all liability for any damage and ir of a membership card to the Curt Weldon Com	njury to any person or
Applicant (print name)	Applicant (signature)	Date
Community Center as stated on the re	gulations regarding the use of the Fitness Center everse side of this application and I do understa any other within my company may result in the	nd that failure to comply
Applicant (print name)	Applicant (signature)	Date
Application Received:		
Received By:	(Date)	
Membership Card Issued:		
	(Date) (Number)	

## CURT WELDON COMMUNITY CENTER FITNESS CENTER RELEASE FORM

- 1. I understand that the Curt Weldon Community Center Fitness Center equipment and activities may be potentially hazardous, including injury and even death and that I am assuming responsibility for proper use of equipment and participation in the Fitness Center activities.
- 2. I certify that I have either had a recent physical examination by my personal physician who has informed me that I am physically able to participate in the use of fitness equipment and/or in strenuous physical activity or that I have forgone such examination and declare that I am physically sound and not suffering from any impairment that could prevent me from participating in Fitness Center activities.
- 3. I understand that I may stop Fitness Center activities at any time for any reason and that I may, at any time, ask questions or request further information about Fitness Center equipment or activities.
- 4. In consideration of being allowed to use equipment, facilities and/or to participate in activities of the Fitness Center, on behalf of myself, my heirs, executors, administrators and assignees, I do hereby waive, release and remise and forever discharge the Borough of Marcus Hook and its officers, directors, members, representatives, employees, sponsors, organizers and all leaders assigned to them, insurers and contractors from any and all responsibility or liability for injuries including death, or damages to me or any person(s) or entities resulting from my use of equipment, facilities, or my participation in the Fitness Center activities, except to the extent such damages are caused by negligence or the willful or reckless misconduct of those mentioned above.
- 5. I understand that this Release is a Pennsylvania contract and I agree to the exclusive jurisdiction of the Court of Common Pleas of Delaware County, Pennsylvania for any action relating to my use of the Fitness Center or to matters covered by this Release.
- 6. I have read, understand and agree to this Release.

Member (print name)	
Member Signature	Date
Parent/Guardian's Signature (required for members 14-18 years of age)	Date
Witness Signature	Date