MEMBERSHIP APPLICATION - FITNESS CENTER, WEIGHT ROOM, SMALL GYM (in effect 3/1/2019)

HANOVER TOWNSHIP PARK DISTRICT • 500 FILLMORE STREET • PO BOX 86 • HANOVER, IL 61041 • 815-591-3622

KEY HOLDER'S NAME [PRINT]		
ADDRESS	CITY/STATE	ZIP
PHONE(S)	EMAIL	
EMERGENCY CONTACT	PHONE(S)	
ADDRESS	CITY/STATE	ZIP
ELIGIBLE FAMILY MEMBERS:		
1	Relationship to Keyholder	Age
2	Relationship to Keyholder	Age
3	Relationship to Keyholder	Age
4	Relationship to Keyholder	Age
	TERMS AND CONDITIONS	
1. COST: \$15 A MONTH PER HOUSEHOLD. Access Card access card deposit upon the card's return to the Park		JTELY NO REFUNDS, except the
2. You [the access card holder] and each family member (a) FITNESS CENTER AND WEIGHT ROOM WAIVER for		the appropriate WAIVERS:
3. Your access card can be used <u>ONLY by immediate family members who LIVE IN YOUR HOUSE</u> . All children under 18 must be supervised by a responsible adult while in the building. Children under 18 may use the small gym as long as they are supervised, BUT they are not allowed to use the fitness center or weight room. For safety reasons we urge everyone to use the buddy system and not exercise alone.		
4. Payments will be made on a month-to-month basis an make such payment. If payment is not received as sta the key to the Park District within seven (7) days of the	ted herein, your membership will be immediately to	, .
YOUR MEMBERSHIP IS FOR THE FITNESS CENTER, WE is prohibited.	IGHT ROOM, AND SMALL GYM ONLY. Access or us	se of any other part of the building
6. You must use the access card to enter the building thr THE DOORS, THE HALLWAYS, THE FITNESS ROOMS, A Please make sure that the door latches when entering	ND SMALL GYM. The outer doors must be kept loc	
7. In accordance to state law, absolutely no alcohol or illegal drugs are allowed on the premises. No smoking is allowed in the building or within fifteen (15) feet of any entrance. Pets are NOT allowed inside the building.		
8. Upon leaving the fitness center, weight room, and/or You must replace all equipment, including those used cans.		
9. Disinfectant wipes, paper towels, and hand sanitizer a	re provided. You must clean and wipe off each piec	e of equipment used.
10. You [the access card holder listed on this form] will be HELD RESPONSIBLE FOR ANY AND ALL DAMAGES caused by the card holder and/or family member(s) to the fitness center and weight room equipment and to the building.		
11. Should you [the access card holder] and/or the holded date of discovery by the Park District of such violation termination date or legal action will be taken.		
12. Should legal action be necessary to enforce or interp all litigation costs incurred by the prevailing party.	ret this agreement, you hereby agree to pay all cou	rt costs, actual attorney fees, and
<u>AGREEMENT</u>		
By signing this agreement, I hereby acknowledge that I have read the terms and conditions thereto, that I understand the same, and hereby voluntarily agree to abide by them.		
Access Card Holder Signature		Date
Park District Authorized Signature		Date