

## FITNESS MEMBERSHIP APPLICATION

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

Last

First

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

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

Phone Number: \_\_\_\_\_

City of Carl Junction  
303 N. Main St  
PO Box 447  
Carl Junction MO 64834  
417-649-7237  
417-649-6843 fax  
cjcithall@carljunction.org

### FITNESS MEMBERSHIP OPTIONS:

\_\_\_\_ Resident (Primary card holder)

\_\_\_\_ Resident (sub card holder)

\_\_\_\_ Non-Resident (Primary card holder)

\_\_\_\_ Non-Resident (sub card holder)

\_\_\_\_ Card Replacement (All)

\_\_\_\_ One Day Pass

### FEES:

\$40/Annually

\$28/Annually

\$80/Annually

\$56/Annually

\$5 Individually

\$3 Individually

### **RELEASE OF LIABILITY PLEASE READ CAREFULLY**

I, \_\_\_\_\_, for myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death from whatever causes arising, while I am participating in \_\_\_\_\_ activities, which may be dangerous and risky, and release the City of \_\_\_\_\_, its officers, agents, lessees, invitees and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the City, its officers, agents, lessees, invitees and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act, including the City's own negligence. The consideration for my agreements herein is my being allowed to engage in the activity identified above. (Further, I certify that I am over 18 years of age.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

### **If participant is under the age of 18 years, the following section must be completed.**

I, \_\_\_\_\_, being a parent or legal guardian of \_\_\_\_\_, a child, for myself, my heirs and my personal representatives, hereby agree to defend, indemnify, and save harmless the City of \_\_\_\_\_, its officers, agents, lessees, invitees, and employees, from any action brought by or on behalf of the above-named child arising out of the activity identified above, which I understand may be dangerous and risky, including the City's own negligence. The consideration for my agreements herein is the City allowing said child to engage in such activity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

### OFFICE USE ONLY

Identification Used:

\_\_\_\_\_  
(make copy of ID & attach to back of application)

Expiration Date of ID:

Primary Card Holder:  
\_\_\_\_ Yes \_\_\_\_ No

(If no, who is primary card holder?)  
\_\_\_\_\_

Approved & Issued by:

Date:

Card number issued:  
\_\_\_\_\_

