



FITNESS CENTER MEMBERSHIP FORM

The undersigned represents that (s) he:

- Is in good physical condition and able to use said equipment provided to take the recommended exercises.
- Agrees they will do so at their own risk.
- Agrees to release the City of Stroud, the Stroud Fitness Center, and its' instructors from all claims, damages, demands and actions whatsoever in any manner arising or grown out of their participation in Fitness Center equipment or activities.
- You may not give your membership to anyone else if you do not use the Fitness Center.
- No refund in the event you do not use the Fitness Center.
- Key Fobs are not to be given to anyone else.
- Key Fobs will be refunded (\$20.00) if brought back in good working order.
- City of Stroud reserves the right to refuse service to anyone abusing the facility, or the rules.
- **FAMILY MEMBERSHIP:** Must be married. Children living in the home must be claimed on your taxes or a full-time student in college.
- Children in your family under the age of 13 MUST be accompanied by a parent when in the Center.
- Membership will expire 1 year from the date of purchase.

Name: _____ Date: _____
(Please Print)

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____ Driver's License

Type of Membership:

Family (150.00) ____ Individual (100.00) ____ Individual 3 months (50.00) ____ Sr. Family (75.00) ____
Senior Individual (50.00) ____ Individual/month (20.00) ____ (Working out of town)

Names of Family Members: _____

(New Fob Numbers Issued)

(Renewal Members Key Fob Numbers)

Key Fob Number (\$20.00) _____
(If leased)

Signature: _____

(Office Use Only)

LM _____ AR _____ KJ _____ JD _____

Notes: