

Martens Center Membership Form

Parent/Adult Name: _____

Street Address: _____

City: _____ Zip: _____

Primary Ph: _____ Secondary Ph: _____ Email: _____

MONTHLY ONGOING MEMBERSHIP

3 MONTH MINIMUM, AUTO CHARGED

Senior Age 55+ (R/NR): \$6/\$9

Individual (R/NR): \$8/\$12

Family of 2-3* (R/NR): \$13/\$19

Each add'l family member after 3 (R/NR): \$5/\$8

Fob (R/NR): \$10 per family member

Replacement Fob Fee: \$5 per family member

Replacement Chip Fee: \$5 per family member

ANNUAL MEMBERSHIP

DISCOUNTED RATE, LOCKED IN FOR 12 MONTH TERM

Senior Age 55+ (R/NR): \$50/\$75

Individual (R/NR): \$60/\$90

Family of 2-3* (R/NR): \$120/\$180

Each add'l family member after 3 (R/NR): \$20/\$30

Fob (R/NR): \$10 per family member

Replacement Fob Fee: \$5 per family member

Replacement Chip Fee: \$5 per family member

* For pass sale purposes, a family includes an individual, their spouse and their own minor children residing with them. A family pass can also include minor children under legal guardianship of an adult family member or other adult relatives living within the household (verification required). Non-walking infants do not require a pass.

* Select programming will be available with membership

LIST NAMES AND BIRTH DATES OF EACH INDIVIDUAL TO BE INCLUDED ON THIS MEMBERSHIP

NAME	BIRTHDATE	AGE/GRADE	GENDER
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

PAYMENT OPTION: Monthly Ongoing Membership Total: _____ Annual Membership Total: _____

OFFICE USE ONLY

Date Received: _____ Staff Accepting Document: (initial) _____

Membership Type: (check one) MC Patron DMBG HK Staff HK Shadow Wood HAYS Donation

FITNESS CENTER POLICIES

Children Policy: Children 11 and under must be a part of a family membership and directly supervised by an adult 18 years of age or older on the track and in the gym at all times and are not permitted in the wellness room at any time. In order for a child to obtain an individual membership, they must be at least 12 years old or enrolled in 6th grade or above. Proof of age or student status must be provided upon request. Members enrolled in 6th through 8th grade and at least 12 years old may only use the gym unsupervised, but must be directly supervised by a member at least 18 years of age or older on the track. Members must be at least 15 years old or enrolled in high school to be in the wellness room and use the track unsupervised.

Open Gym Policy: Open gym hours are not exhaustive and change season to season based on programming and rentals. Open gym requires a second pair of shoes during inclement weather.

ID Policy: Members entering the facility must have their key fob. If they have forgotten their key fob they may be looked up with a valid photo ID. Members may be asked to purchase a new key fob at any time for repeated failure to provide a key fob.

Indoor Playground Policy: The indoor playground is for use by children 5–12 years old. All children must be supervised by a member 18 or older and have socks on at all times.

Games Room Policy: The games room is for use by children 13 years old and up. All children must be accompanied by a member 18 or older.

Photographs: The Park District occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. The Park District will occasionally permit Human Kinetics to take photographs or video of Martens Center and Human Kinetics Park programs and events. By registering for, participating in or attending Park District programs, events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by the Park District of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

MEMBERSHIP AGREEMENT

I hereby apply for a membership in the Champaign Park District, and agree to abide by the policies established by management and the Park District Board. I understand that violation of a policy may result in suspension or revocation of a membership. I further understand that the monthly membership requires a 3 month commitment and the annual membership requires a 12 month commitment and is not refundable for reason other than medical. Should membership be cancelled due to a medical problem which prohibits facility usage, the membership will be prorated based on the time of purchase.

No memberships may be transferred.

INITIAL: _____ DATE: _____

ONGOING MEMBERSHIP TERMS – ONLY APPLICABLE IF SELECTING MONTHLY PAYMENT OPTION

In consideration thereof, and notwithstanding any other terms and conditions of this agreement, I agree to be liable for a continuous monthly membership, with an initial term of 3 months, that will be automatically renewed at the prevailing rate. Membership is to be paid via a valid credit card on the first business day of each month for the complete term of the contract, regardless of usage, subject only to the termination of membership and notice provisions within this agreement.

1. I understand that if I am purchasing this membership after the 1st of the month that I will be charged the appropriate pro-rated amount immediately with the next amount charged to my credit card on the 1st day of the following month.
2. No refunds will be issued for lack of facility use.
3. The Champaign Park District reserves the right to cancel a membership when insufficient funds occur. When an ongoing membership is cancelled for insufficient funds, the membership can only be reinstated by payment in full and starting a new 3 month contract.
4. A \$10.00 service fee will be charged for each returned or refused payment from the member's account, or if a participant closes the recorded account without required notice detailed in item 6 below.
5. I understand that I must provide written notice of any changes to recorded credit card information by the 20th of the month prior to my next draft date.
6. To cancel my ongoing membership, I agree and understand that my membership has been active for a period of no less than 3 months and that I must submit an Ongoing Membership Cancellation Form to the Champaign Park District, before the 20th of the current month to cancel the next withdrawal. I further understand and agree that in the event I do not fulfill these cancellation requirements in a timely manner, it may result in the imposition of additional fees.
7. Membership is subject to rate changes. The Champaign Park District will notify members about any membership fee increases at least 30 days in advance. I accept that the increases will be automatically passed onto my account, therefore adjusting my monthly payment amount to the current monthly rate accordingly.
8. Continuously declined cards for monthly membership may result in ineligibility for monthly membership in the future.

WAIVER AND RELEASE

IMPORTANT INFORMATION

The Champaign Park District (hereafter referred to as "District") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Champaign Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, the use of the playground, and the use of the unsupervised fitness and weight room, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ **Date** _____

PARTICIPATION WILL BE DENIED if the signature of adult member or parent/guardian and date are not on this waiver.