

FORT THOMAS

INDEPENDENT SCHOOLS

Highlands Fitness Center Membership Agreement and Waiver *for Students*

The Fort Thomas Board of Education is excited to provide the Highlands High School Fitness Center for your use and enjoyment. Our goal is to promote health and wellness among our students, faculty, staff, and community members.

A regular exercise program is an important component to a healthy lifestyle, however, there are risks involved depending on your current physical condition. As such, we urge all members to consult with their physician prior to beginning a workout program.

In order to become a member of the Highlands Fitness Center, you must knowingly and voluntarily waive any claims or causes of action against the Fort Thomas Independent Board of Education, its employees, agents, and representatives for injuries which may occur while on the Highlands campus. You agree to indemnify the Fort Thomas Independent Board of Education, its employees, agents, and representatives for any claims arising from your use of the Highlands Fitness Center.

By signing this Agreement, you confirm that the use of the Highlands Fitness Center will be at your sole and exclusive risk. You also waive any claim for damages, loss or theft of personal property arising out of, or in connection with, the use of the Highlands Fitness Center, including locker rooms and parking areas. Additionally, your signature below indicates that you will adhere to all current and future rules and procedures of the Highlands Fitness Center. This Agreement applies to the use of the premises, training facility, and equipment therein.

The Fort Thomas Board of Education reserves the right to revoke this membership for any action deemed detrimental to the Highlands Fitness Center or its members, including, but not limited to, failure to follow rules and procedures or any inappropriate behavior.

Fees: Student Members, \$20 per year

Calendar Year is July 1 through June 30 - Membership fees are pro-rated quarterly

Name	_____	Age	_____
Address	_____		
City	_____	State	_____ ZIP _____
Home Phone	_____	Cell Phone	_____
Health Insurance Carrier	_____	Policy #	_____
Emergency Contact	_____		
Emergency Contact #	_____	Relationship	_____
Signature	_____	Date	_____
Parent's Signature	_____	Date	_____

For Office Use Only

Amount Rec'd		Check #	
Received By		Date	