

**Homestead Fitness Center Enrollment Form
Lynden School District**

Contract Start Date: _____

EMPLOYEE:

Last Name _____ First Name: _____ MI: _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ DOB: _____ Email: _____

ADDITIONAL PERSON (LIVING AT SAME ADDRESS):

Last Name _____ First Name: _____ MI: _____ DOB: _____

CHILDREN (ALL DEPENDENT CHILDREN UNDER 21 YEARS OF AGE LIVING AT HOME. AGES 10-14 MUST BE WITH AN ADULT (18+) TO WORKOUT.

LAST NAME	FIRST NAME	MI	DOB

Child Workout Waiver: You (the member) agree that you are aware that your child is engaging in physical exercise, and you assume all responsibility for any injury that may result. You also agree to be present and supervise your child (until the age of 15) while they are participating in these exercises. You hereby agree to waive any claims or rights you might otherwise have to sue The Homestead Club Inc., Homestead Fitness Center, its employees or agents for injury to your child on account of these activities. By signing this you agree to comply with The Club's rules and regulations which outline all age requirements.

Parent/Legal Guardian signature _____

_____ Single: \$35.00/mo. +tax (\$38.05 including tax)

_____ Couple: \$50.00/mo. +tax (\$54.35 including tax)

_____ Family: \$60.00/mo. +tax (\$65.22 including tax)

*Based on Local sales tax. If the sales tax rate is increased, the amount of the monthly payment will change accordingly. All rates are subject to change.

Total Amount of payroll deduction with tax: \$ _____ Date Received: _____ (for office use)

_____ (read and initial) I authorize the total amount noted above to be deducted monthly from my payroll beginning this month if received on or before the 15th or next month if received after the 15th. I understand that I qualify for a membership at Homestead Fitness Center under the terms of a contract between Homestead Fitness Center and the Lynden School District.

_____ (read and initial) This membership is not transferable and member may not sell, assign or transfer his/her membership card or membership in The Club or any other right or privilege, and any such attempted sale, assignment or transfer shall be null and void. Member may not loan his/her membership card to anyone.

_____ (read and initial) The Club may temporarily suspend or cancel the membership and deny all use of Club facilities to any member, their add-on or family who breaches any club rules and regulations. Denial of use of club facilities to any member shall be at the sole discretion of The Club management. The undersigned acknowledges having been briefed on and having read club rules and regulations and agrees to abide by the same during his/her time of use of the club.

_____ (read and initial) Waiver and Release: You agree that you are aware that you are engaging in physical exercise which could cause injury to you. You are voluntarily participating in these activities and assume all risk of injury to you that might result. You hereby agree to waive any claims or rights you might otherwise have to sue seller, its employees, or agents for injury to you on account of these activities. You agree and acknowledge that you have carefully read this Waiver and Release, and fully understand it is a release of liability. You further agree to release the Club from any liability for any loss or theft of your personal property. You should always consult your physician before commencing a physical exercise program.

Employees Signature: _____ **Date:** _____