

## 1 SELECT ARC ANNUAL MEMBERSHIP

- RESIDENCY:**  Resident  Non-Resident  Reciprocal  Corporate
- PLAN:**  PLUSPass  FITPass  SPLASHPass  Basic  Center
- TYPE:**  Family  Couple  Individual

**PAYMENT TERM:**

Pay in Full  Monthly EFT

### PLUSPASS

Includes ALL benefits of annual SPLASHPass AND FITPass.

### FITPASS

Includes use of the Ridge Fitness Center, land based group exercise classes at ARC, Camelot, Pioneer, Recreation Community Centers, and use of track and open gym. Also includes childcare service.

### SPLASHPASS

Includes use of ARC indoor pool for open swim, adult lap swim, and water exercise classes. Also includes access to all 5 outdoor pools during the summer season for open swim, adult lap swim, and outdoor water exercise classes. Use of track, open gym, and childcare service also included.

## 2 FAMILY INFORMATION - MUST LIVE AT THE SAME ADDRESS. LIMIT 2 ADULTS.

Home Address: \_\_\_\_\_  
(Street, City, State, Zip)

Primary Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Email: \_\_\_\_\_

	NAME (first/last)	M/F	DATE OF BIRTH
<b>PRIMARY ACCOUNT HOLDER</b> Must be 18 or older.			
<b>SECOND ADULT</b>			
<b>CHILDREN 18 YEARS OR YOUNGER.</b> Must all reside at the same address.			

## 3 PAYMENT OPTIONS

\$ \_\_\_\_\_ PAY IN FULL/INITIAL EFT PAYMENT

- Cash (in-person only)  Check # \_\_\_\_\_  
(\$20 fee for returned checks)
- Credit Card \_\_\_\_\_ (Last 4 digits of saved card on file)

Monthly EFT \$ \_\_\_\_\_

**MONTHLY ARC MEMBERSHIP EFT UNDERSTANDING:** Member understands this is a 12-month commitment. Member understands that the initial EFT payment received today is for their first month of membership, and then beginning February 1, 2020 they will be charged that same amount on the first of each month. The EFT will continue to auto renew each month. After the initial 12 months the member can then modify the membership.

**MEMBERSHIP REFUND:** A refund will be granted to any passholder only if requested within 30 days of this initial pass purchase. The first month of the pass rate will be deducted from the refund. A refund will also only be granted to any passholder with a written medical excuse and will be prorated from the date of request, beyond 30 days of purchase.

## 4 REVIEW AND SIGN

I have fully read and fully understand the important information, warning of risk, assumption of risk and waiver and release of all claims found on the back of this page.

I have also reviewed and agreed to the payment option that is reflected in Section 3 of this application.

\_\_\_\_\_  
18 years or older or parent/guardian signature Date

## 5 RETURN FORM

Please return form in person to Arlington Ridge Center with ID that validates your home address and proof that all members of your household meet the District's criteria for being eligible to be a part of a couple or family pass.

## **PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.**

### **IMPORTANT INFORMATION**

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The Arlington Heights Park District (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 participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

### **FITNESS - WARNING OF RISK**

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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, suffers from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity. Aerobic and other fitness activities such as passive/resistive weight training, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the District to guarantee absolute safety. Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries.

This list is by no means complete, but includes some of the more common ones:

1. Heart attack, stroke and circulatory problems
2. Bone and joint injuries
3. Back and neck injury
4. Shin splints
5. Muscle strain/injuries
6. Foot problems

### **SWIMMING - WARNING OF RISK**

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Swimming and other aquatic activities challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming and aquatic activities are hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response time, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool or waterslide, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, striking one's head on the bottom, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety. Please understand and recognize that lifeguards are not responsible for providing supervision or assessing your swimming skills or that of your minor child; rather, lifeguards are responsible for enforcing safety rules and responding to emergencies. Adult pool pass holders and parents of minor pool pass holders are solely responsible for supervision of any and all activities contemplated by this agreement. Additionally, children 9 years of age and younger must be supervised at all times by a responsible person, 14 years of age or older.

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK**

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Please read this form carefully and be aware that in signing up and participating in this program/activity, 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.