



OFFICE USE ONLY	
Staff Initials _____	
Payment Type _____	
Amount _____	
Key Fob # _____	
<input type="checkbox"/> \$5 card fee(s) collected	

MEMBERSHIP APPLICATION

Legal Name: _____ M.I. _____ Last Name _____ Prefers _____

DOB _____ Cell Phone _____ Home Phone _____

E-mail Address _____

Street Address: _____ City _____ Zip _____

Emergency Contact: _____ Phone Nbr. _____

Type of Membership: Guest Pass Individual Couple Family* Group**

Fitness Center: Monthly Bank DRAFT on (circle one) 1st or 15th 1+Month Semi-Annual Annual

Pool: Monthly Seasonal OR All-Inclusive (Monthly draft Fitness Center/Pool/Fitness Classes)

City Member** Non-City Tivity Prime Tivity SilverSneakers Renew Active

Optional: Child Watch Fitness Classes Personal Training Homeschool Fitness

(Group options): Youth (1 x wk) Adult (3 x wk) # of people ____ DAY(S): M T W H F TIME _____

Initial, additional, and replacement 24-hour access cards are \$5 each.

Legal names of additional **household** members to be included:

Full Name _____ DOB _____ Age ____ Relationship _____ Key Fob# _____

Full Name _____ DOB _____ Age ____ Relationship _____ Key Fob# _____

Full Name _____ DOB _____ Age ____ Relationship _____ Key Fob# _____

Full Name _____ DOB _____ Age ____ Relationship _____ Key Fob# _____

Full Name _____ DOB _____ Age ____ Relationship _____ Key Fob# _____

Draft Authorization (for monthly Fitness Center, Fitness Classes, or All-Inclusive ONLY):

I hereby authorize the Town of Hilliard Parks & Recreation to initiate debits on my account with the bank indicated on the attached **voided check** for membership payment and/or contributions. **It is understood that the EFT or wire transfer for my membership will remain in effect until Hilliard Parks & Recreation has received 30 days written notice from me for the termination of this agreement. Based on my termination date, another EFT or wire transfer may apply.** I understand any draft returned from my bank due to insufficient funds will be assessed a service charge of \$15.00.

Accounts will be drafted upon the 1st or 15th each month, as noted. THERE ARE NO REFUNDS FOR UNUSED FACILITIES, EARLY TERMINATIONS, OR MEMBERSHIP CONVERSIONS.

FROM Bank account ending in _____ (last 4 digits) with _____ (name of bank)

Signature of Applicant _____ **Date:** _____

* Please see next page for Residency & other membership requirements

** Additional waivers apply



MEMBERSHIP Statement of Liability

Conditions of Membership

****Residency verification requirement:** HP&R will need to obtain a copy of a driver’s license/state ID (and in some cases utility bill or Student ID) for proof of residency within Hilliard’s city limits for ALL members associated with the account. The copy also serves as identification for any check or debit/credit card payments to the Town.

All members are required to present a valid membership card for identification when using the Hilliard Parks & Recreation facilities and programs. Membership privileges and cards are not transferable. The Hilliard Parks & Recreation Department reserves the rights to refuse or revoke any membership.

Waiver, Release, Assumption of Risk, and Indemnification

This covenant is given in consideration of the health, recreational, and other benefits to be derived from my use of the Hilliard Parks & Recreation Department premises, facilities, equipment, and programs (on- or off-site), and in consideration of Hilliard’s waiver of any requirement that I carry liability insurance prior to being allowed to use, enter, or participate in the Department’s premises, facilities, equipment, and programs (on- or off-site). By signing below, I acknowledge, agree, and represent that I have inspected, or immediately upon entering will inspect, the Department’s facilities, equipment, and any off-site premises. I acknowledge and agree that my use of, remaining upon, or participation in the Department’s premises, facilities, equipment, and programs, means that I find and accept the same as being safe and reasonably suited for the purposes of use, participation, observation, or spectating.

IN FURTHER CONSIDERATION OF THE ABOVE, BY SIGNING BELOW I AGREE TO THE FOLLOWING:

1. I release, waive, and discharge the Town of Hilliard Parks and Recreation Department/Town of Hilliard, its Directors, Council members, employees and agents (the “Releasees”) from all liability whatsoever to me, my personal representative, successors, assigns, heirs and next of kin for any personal or property injury, loss, damage, or death, whether caused by the Releasees’ negligence, gross negligence, or otherwise. I further agree not to sue the Releasees and I expressly waive any claim or demand against the Releasees on account of any personal or property injury, loss, damage, or death, whether caused by the Releasees’ negligence, gross negligence, or otherwise.
2. I agree to indemnify, save and hold harmless the Releasees from any personal or property loss, liability, damage or cost they may incur due to my presence in, upon, or about the Parks & Recreation Department premises, including participating in or observing any off-site programs, whether the loss, liability, damage or cost is caused by the negligence or gross negligence of the Releasees or otherwise.
3. I assume full responsibility for and of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise while I am in, about, or upon the premises of the Town of Hilliard Parks & Recreation, or participating in or spectating at any off-site programs, or while using the premises or any facilities or equipment thereon. I give permission to the Town of Hilliard Parks & Recreation Department to use, without limitation or obligation, photographs, film footage or tape recordings that may include my own and my family members’ image(s) or voice(s) for the purpose of promoting the Town of Hilliard Parks & Recreation Department programs. I further agree that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any part of it is held invalid, I agree and acknowledge that the balance of it shall continue in full legal force and effect.

Acceptance

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree and acknowledge that no oral representation, statements or inducement apart from the forgoing have been made. I also accept the conditions of membership set forth above by the Town of Hilliard Parks & Recreation Department, and hereby apply for membership.

Signature: _____

Date: _____



FITNESS CENTER

Code of Conduct

1. Everyone must be a paid member or paid guest.
 - a) Premises monitored by video surveillance: Each member MUST scan their key fob
 - b) Anyone attempting to let non-members (or members without their key fobs) in will have their membership immediately revoked.
2. Children are allowed to exercise under the following conditions:
 - a) Children ages 13-15 can attend with parent supervision
 - b) Children ages 16-17 may attend by themselves with a signed waiver by their parent
3. Everyone that attends the Fitness Center to exercise must wear proper attire:
 - a) Tennis shoes (no open toe shoes, sandals or bare feet)
 - b) Shirts will be worn at all times on the fitness floor
 - c) Pants will be worn at the waist (no underwear will be visible)
4. Each member (including children ages 13-17) must attend an orientation to the facility prior to exercising for the first time.
5. Each participant is responsible to wipe down equipment immediately after they use it:
 - a) Paper towels and cleaning spray are provided for this purpose
 - b) All paper towels will be disposed in the trash cans throughout the workout area
6. The Fitness Center is not responsible for personal items being lost or stolen:
 - a) Everyone will need to bring their own music and ear phones
 - b) Lockers are available upon request
7. Everyone will respect others on the fitness floor:
 - a) Use respectful language
 - b) Wait to use a piece of equipment & re-rack weight plates when finished
 - c) Wiping off the equipment immediately after use
8. If applicable, all parents/guardians must check Child Watch children in/out with attendant:
 - a) All parents/guardians must take their child with them when they leave the facility
 - b) If a child becomes unruly, the parent/guardian will be asked to handle the situation
 - c) If a child is visibly sick the parent/guardian will be requested to remove the child

I have read and voluntarily initial this HP&R Fitness Center Code of Conduct and understand if I do not follow all aspects I may be asked to leave the premises and if I refuse, other measures can be taken.

Applicant read Initials _____



POOL Code of Conduct

1. Everyone must check in at the gate and shower before entering the water.
2. All non-members (those who do not have a “pool membership”) must sign-in, fill out appropriate waivers, and pay before entering.
3. All children under 15 will be tested on swimming abilities and given a color-coded necklace for the duration of their visit:
 - a) Red necklace – NOT permitted in the pool unless the parent/guardian is in the pool with them (within arm’s reach). Otherwise, they must stay in the splash-pad area. Unless working with parent/guardian in the pool, they must also wear a Coast Guard approved life jacket/PFD.
 - b) Yellow necklace – allowed to stay in water that is armpit deep or less.
 - c) Green necklace – permitted in all parts of the pool.
4. NO diapers or pull-ups allowed in the pool or splash-pad. Swim diapers must be changed in restroom area, not on pool deck.
5. Parents/guardians should monitor their children closely. If children become unruly, a parent/guardian will be asked to handle the situation.
6. If a child is visibly sick, the parent/guardian will be asked to remove the child immediately from the premises.
7. Proper attire must be worn: no thong bottoms, female tops must fit properly, and male swimwear must be worn at the waist. (No underwear should be visible).
8. NO food, drinks, animals, or glass permitted within the gates of the pool area.
9. NO inappropriate body contact allowed.
10. NO urinating in the pool, it reduces the cleanliness of the water. We have clean restrooms for your use.
11. NO smoking or tobacco use.
12. NO profanity, swallowing water, or breath-holding/underwater lap swimming.
13. NO running, horseplay, playing on ladders, or hanging on lap lanes.
14. Pool will close for 30 minutes after thunder or lightning occur.
15. **NO DIVING.**

Failure to follow Pool Code of Conduct may result in being banned from use of the pool for the remainder of the pool season.

I have read and voluntarily initial this pool code of conduct and understand if I do not follow all aspects I may be asked to leave the premises and if I refuse, other measures can be taken.

Applicant read Initials _____