

**LINCOLN-SUDBURY FITNESS CENTER MEMBERSHIP
AGREEMENT TO POLICIES/LIABILITY WAIVER FORM**

My signature on this form indicates agreement to abide by the policies set forth in this document and any further policies developed throughout the term of this membership. (A signature form must be submitted for each member)

My signature on this form also indicates that I am not under restriction by a medical professional regarding exercising using equipment such as that in the Lincoln-Sudbury Fitness Center.

I/We release the Lincoln-Sudbury School District, the Lincoln-Sudbury Fitness Center and its supervisors of liability in case of injury or accident and agree to allow Fitness Center personnel to obtain medical treatment for the member listed below should it become necessary.

Failure to abide by these policies may lead to temporary or permanent suspension of membership privileges without membership fee refund.

Signature of Member

Date

Signature of Parent/Guardian

Date

Member Name:

Student ID #: _____

Gender: M / F Age: _____ Y.O.G. _____

Address:

City, State Zip:

Phone: _____

OFFICE USE ONLY

Musclar Fitness Certified Y / N

Amt paid: _____ Check: (#): _____ Cash: _____

Date: _____