

RENEWAL FORM

Hartford Parks & Recreation
125 North Rural St, Hartford, WI 53027
262-670-3730

PRIMARY ACCOUNT INFO

Date _____

Primary Last Name _____ Primary Phone _____

Address _____
street city zip

MEMBERSHIP INFORMATION

Residency Resident Non-Resident

Amenities Pool & Fitness Pool Fitness

Type Family Joint Individual Senior /Youth /College

Length Annual 3-Month Month

List Member(s) INDIVIDUAL MEMBERSHIP - List your name and age
JOINT MEMBERSHIP - List your name and the name of the person you are sharing the
Joint Membership with
FAMILY MEMBERSHIP - List family members names and ages getting the membership

First Name	Last Name	Age	Cell/Wk Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature - of all adult members

LIABILITY WAIVER: All participants are required to sign the following release. Parents or guardians must sign for minors. I, the undersigned do hereby agree, or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her/family, my/his/her heirs and my/his/her assigns the City of Hartford, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Hartford, its employees, officers, agents and sponsors. The City of Hartford does not provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating. **MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS:** In the event of a medical emergency, I authorize the Parks & Recreation Department staff to obtain medical treatment for me and/or my son/daughter or minor for which I am guardian. **PHOTO RELEASE:** I agree to allow publication of any photos taken at any program, event, or facility of the City of Hartford Parks & Recreation Department.

FITNESS ORIENTATION - All members and guests are welcome to attend an orientation to explain the proper use of the equipment. This orientation takes approximately 30-40 minutes. Orientations can be completed during Supervised Fitness Center hours. No appointment is needed. Just be sure you arrive earlier enough during any Supervised Hours to allow enough time to complete an orientation. To receive a schedule of Supervised Fitness Center hours, please see the front desk staff. Should the Supervised times not work in your schedule, please see the front desk staff. You will be called to set up a time that works for you.

ADDITIONAL FINTESS LIABILITY - I agree that all exercises including the use of weights, number of repetitions and use of any and all machinery equipment, and apparatus designed for exercising shall be my sole risk. Not with-standing, any consultation on exercise programs which may be provided by Department employees, I understand that the selection of exercise programs, methods and type of equipment shall be my entire responsibility, and the Hartford Parks & Recreation Department shall not be liable to me for any claims, demands, injuries, damages or actions arising due to injury to me or my property arising out of or in connection with my use of the services and facilities of the Department of the premises where the same is located. I hereby hold the department, its employees and agents, harmless from all claims which may be brought against them by me or on my behalf of any such injury or claim.

Adult Member Signature _____ Adult Member Signature _____

Adult Member Signature _____ Adult Member Signature _____

Date _____ Total Cost _____ Less _____ Total Paid _____ Method _____

reason for discount _____ credit card # _____ exp. Date _____ V-Code _____