



Seymour Community School District Aquatic & Fitness Center Registration Form

10 Circle Drive, Seymour WI 54165

Phone: 920-833-9704

Please Print:

Last Name	First Name	MI
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Address	City	State	Zip Code
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Email Address(s) - Closures and reminders sent out

Phone Number w/ Area Code	Birth Date	M/F
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Family Memberships - List Names of All Family Members Receiving a Pass Card:

Last Name	First Name	Relationship	Birthdate
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	(Circle 1)	Student	Adult	Sr Citizen	Family
Pool	3 6 12 Month				
Fitness	3 6 12 Month				
Combo	3 6 12 Month				
Daily Admission					
Aerobics	Drop In 10 Pass	X			X

Amount Due: \$ _____ FOB # _____ Date Registered _____

Method Paid: CASH _____ CHECK # _____ Date Expires _____

Seymour Community School District Aquatic & Fitness Center Waiver Form

10 Circle Drive, Seymour WI 54165

Phone: 920-833-9704

Person to notify in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Waiver and Release of Liability Agreement:

Because I (we) are being permitted to use the facilities, equipment, personal training and other services and programs of the Seymour Community School District for any purpose, including observations, I (we) agree to the following:

- I FULLY ACCEPT AND TAKE ON ALL SUCH RISKS AND RESPONSIBILITIES for losses, costs, and damages that I (we) become responsible for as a result of my participation and the use of the Seymour Community School District facilities.
- I (we), for myself and family, my personal representatives, assigns, heirs and next of kin, hereby release, waive and dismiss the Seymour Community School District and its employees and anyone acting on its behalf with respect to my participation, from any and all claims, liability, losses, demands, or damages that I (we) suffer, which are a result of my participation or use of the Seymour Community School District facilities that are caused, in whole or in part, by the negligence of the Seymour Community School District.
- I (WE) AM QUALIFIED AND IN PROPER PHYSICAL CONDITION to participate in activities or use the facilities and certify that I (we) have no medical conditions that would prevent me (us) from fully participating in any classes or using the aquatic/fitness facilities. I (we) also understand the nature of the activity I (we) am participating in and that it is my responsibility to speak with a physician about and before beginning any fitness activity or program.
- I (we) understand that Seymour Community School District is an Alcohol, Tobacco, Firearm and Weapon free zone.
- I understand that I will use my fob each time I access the aquatic & fitness facilities even if the door is open.
- I agree to assist in keeping the facility maintained by returning equipment to proper storage locations, sanitizing equipment after use, proper disposal of trash, etc.
- I agree to wear appropriate attire when working out including swimsuits in the pool and athletic shoes in the fitness center.
- AQUATIC CENTER - All swimmers 12 and under must be accompanied by a parent or guardian in the pool actively supervising at all times.
- FITNESS CENTER - I understand that students under 18 are not permitted in fitness center during community times. I understand there is absolutely no unsupervised lifting and I will observe proper spotting procedures and lifting techniques.
- I understand failure to comply with any of the above could result in permanent loss of access to our facility.
- I agree to defend, indemnify and hold harmless the Seymour Community School District, its Board, Officers, Agents, and Employees individually or collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason for or during or be alleged to be caused by the undersigned and of the Aquatic & Fitness Center.
- I understand and acknowledge that participation in aquatic/fitness activities, by their very nature, pose the potential risk of serious injury to the individuals who participate in such activities.
- The undersigned warrant(s) that they have read this agreement and fully understand it to be a release of claims, known or unknown, present or future, that they or may have against the party or parties released, arising out of or in any way connected with the matters described herein.

Signature _____ Date _____

Printed Name _____ Phone Number _____