



71 South Drive, Babbitt, MN 55706
(218) 827-3464
cityhall@babbittmn.gov

Fitness Center Registration & Waiver

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Do you have any medical conditions/restrictions of which the City of Babbitt should be made aware? (If yes, please explain) _____

If you are currently taking medications, please check with your physician to determine how your medication will affect your exercise performance and to be sure it is safe to exercise.

- To the best of my knowledge, I am physically sound and have medical approval by my doctor to participate in physical exercise activities of the type normally engaged in a fitness center.
- I understand that the City of Babbitt Fitness Center is unmanned and unsupervised during its hours of operation and I assume all risks involved. I understand and agree that I am personally responsible for learning how to use the space and/or participate in fitness activities properly and safely. I am responsible for establishing and maintaining my own exercise program.
- I understand and agree that any personal information obtained during my use of this fitness center will be held strictly confidential, and that no medical information will be released without consent. I specifically consent to the release of all my medical information to any medical officer or health care provider in the event of a medical emergency.
- I agree to abide by all the rules and policies of the operation and use of any equipment and facility. I further agree to refrain from using equipment that I determine to be defective or in need of maintenance or repair.
- I understand that a risk of injury is present when engaging in physical activities and I assume all responsibilities and risk of use of this fitness center. I will not hold the City of Babbitt liable in any way should I become injured while, or after I use the fitness center.

In consideration of the acceptance of my agreement, I, the undersigned, intend to be legally bound for myself, my heirs, executors, and administrators and do hereby release the City of Babbitt and its representatives, successors, and assigns from all liability arising from injuries, including death, that I may suffer because of my participation. I attest and verify that I am physically sounds and have medical approval by my doctor to participate in physical exercise activities of the type normally engaged in a voluntary health & fitness facility.

I have carefully read this agreement, release & waiver of liability, and I know its contents. I have voluntarily signed as my own free act.

Signature _____

Date _____

FOR MINOR USE

As a parent or guardian of _____, I do hereby grant permission for my child to participate in the City of Babbitt Fitness Center.

Parent Signature _____

Date _____

Minor Signature _____

Date _____

City of Babbitt Fitness Center Membership Policy

The City of Babbitt Fitness Center is a monthly membership with dues of \$15.00 per month. Payments are due on the first of the month for that month. Beginning or discontinuing membership mid-month still constitutes charges for that month.

Invoices will be sent to members mid-month with payment due the first of the following month. If payment is not made by the first of the month, access to the facilities will be shut off. If keys are not returned within 30 days, a \$25 fee for the key will be issued in addition to the monthly membership cost due.

I understand the payment policy for the City of Babbitt Fitness Center and agree to these terms.

Signature _____

Date _____