

**RATES**

1 Year Adult Membership \$130.00

1 Year Senior Membership (62 years of age and older) \$110.00

3 Month Adult Membership \$65.00

3 Month Senior Membership (62 years of age and older) \$ 55.00

*(3 month membership fee may not be applied to a full year membership at the end of the 3 months)*

*\*\*\* The Fitness Center will close for one week during the year for Maintenance.\*\*\**

**FAIRFIELD PARKS & RECREATION DEPARTMENT  
FITNESS CENTER APPLICATION**

**\*\*\*\* Two Forms of I.D. required to prove residency  
Preferably: Driver's License & Car Registration**

Name \_\_\_\_\_ M ( ) F ( ) Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

**RELEASE of LIABILITY, AGREEMENT and ACKNOWLEDGMENT of PHYSICAL CONDITION**

In consideration of gaining membership or being allowed to participate in the activities and programs of the Fairfield Parks and Recreation Department including the Fitness Center and to use its facilities, equipment, and machinery in addition to payment of any fee or charge, I do hereby waive, release and forever discharge the Town of Fairfield and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or death resulting from my participation in any activities or any use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and others acting upon their behalf from any responsibility or liability for any injury or damage to myself caused by their negligence, including those caused by any negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation of any activities of the Fairfield Parks and Recreation Department or the use of any equipment at the Recreation/Fitness Center.

I understand and am aware that the strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Fairfield Parks and Recreation Department or use of equipment or machinery except where hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have a recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or I have decided to participate in activities and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and utilization of equipment and machinery in my activities.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL AUTHORIZATION**

**I understand that representatives of the Fairfield Parks & Recreation Dept. may act on my behalf for the purpose of obtaining emergency medical treatment for the registrant: Initials \_\_\_\_\_**