

Weight Room Membership Form

Name _____

Date of Birth (Mo/Day/Yr)_____

Street Address_____

City, State_____

Phone Number Home:_____ Cell:_____

I request (check one):

_____ Single Membership \$100

_____ College Student Membership \$10 per month

Total Cost:_____ Check #_____ Cash_____

The user will be permitted access to New Bremen Local Schools Weight Room and will agree to follow all the rules and regulations governing the use of the New Bremen Local Schools property and weight room facilities, as well as any specific guidelines or restrictions placed on the use of those facilities by the School Board or its administrative staff.

The user also agrees to defend, indemnify and hold harmless the New Bremen Local Schools, its boards, employees, and representatives from any and all claims, actions, suits, judgments and expenses including claims, costs, attorney fees and damages in connection with the user’s negligence resulting in loss of life, bodily or personal injury, product liability claims and/or damage to property arising from or out of use by the user or its agents, members, partners , guests, associates or employees, or any portion of the school district.

By signing, I acknowledge that I have received, read and understand these rules and guidelines to abide by the rules, guidelines, and restrictions set forth by New Bremen Local Schools.

Signature

Date

New Bremen Local Schools Staff Signature_____