



ACKERMAN SPORTS & FITNESS CENTER

Daily Drop-In Agreement & Waiver

Date: _____

PARTICIPANT INFORMATION

Participant's Last Name: _____

Participant's First Name(s): (1) _____ (2) _____ (3) _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

DAILY PER PERSON FEES

Activity	Resident [^]	Non-Resident	Add'l Child	ASFC Member*	Fee Paid Fee X # of Participants
Fitness Center/Class Drop-In	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	---	Free • <i>Swipe Membership Card</i>	
Walking Track Drop-In	<input type="checkbox"/> \$3	<input type="checkbox"/> \$5	---	Free • <i>Swipe Membership Card</i>	
Climbing Wall Drop-In	<input type="checkbox"/> \$6	<input type="checkbox"/> \$8	---	Free • <i>Swipe Membership Card</i>	
Fit & Play Child Care*	<input type="checkbox"/> \$3	<input type="checkbox"/> \$3	<input type="checkbox"/> \$2	Free	
Camp, Field Trip or Party	<input type="checkbox"/>	---	---	---	

*Parent or legal guardian must drop off the child and remain in the facility at all times.

SUBTOTAL: _____

Open Gym & Turf	Resident [^]	Non-Resident	Student With Glen Ellyn School ID	ASFC Member*	Fee Paid Fee X # of Participants
Youth Drop-In <i>Thru Age 15</i>	<input type="checkbox"/> \$3	<input type="checkbox"/> \$8	<input type="checkbox"/> \$3	Free • <i>Swipe Membership Card</i>	
Adult Drop-In <i>Age: 16+</i>	<input type="checkbox"/> \$5	<input type="checkbox"/> \$8	<input type="checkbox"/> \$5	Free • <i>Swipe Membership Card</i>	

[^]Residents are considered anyone living within Glen Ellyn Park District boundaries. Includes current Glenbard West and South students for open gym and turf only.

*Pricing valid for Ackerman Fitness Center members only. Excludes walking track members. Children 3 and up must be on family membership or must pay drop-in fee.

SUBTOTAL: _____

TOTAL FEE DUE: _____

PAYMENT INFORMATION

Payment Method (please circle one): Visa Mastercard AMEX Discover Cash Check

Credit Card Number: _____ Card Expires: _____ CID _____

Account Holder Signature: _____ **OFFICE USE ONLY: Total \$** _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity. I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of any and all machinery, equipment and apparatus designed for exercising shall be at me or my minor child/ward's sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity. I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Signature (Participant or Parent/Guardian, If Under the Age of 18): _____ Date: _____