

**LAKE SHORE FITNESS CENTER**  
**959 Beach Rd. Angola, NY 14006**  
**716-926-2270**

**FITNESS ROOM & TRACK PARTICIPANT INFORMATION FORM**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City Zip

PHONE: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Track Only (CM \$25, NR \$50) \_\_\_\_\_

Full Membership (CM \$100, NR \$200) \_\_\_\_\_

New Community Member \_\_\_\_\_ Renewal \_\_\_\_\_ Non-Resident (NR) \_\_\_\_\_

*Members between the ages of 13 and 18 MUST attend **with** their member Parent/Guardian.*

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Method of Payment: Check/Money Order # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Total Fee Paid: \$ \_\_\_\_\_

*I authorize Lake Shore Central School District to charge my MasterCard/Visa credit card for the above noted membership dues.*

Credit Card

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Signature: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Receipt Number \_\_\_\_\_ Staff \_\_\_\_\_

**Please complete back side**

# LAKE SHORE CENTRAL SCHOOL DISTRICT

## INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

As a condition of using the Lake Shore Central District's Fitness Room and Track, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have completed the necessary paperwork for use of the Fitness Room's equipment and participation in Fitness Room activities and returned such to the district. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the intensity of my use of the Fitness Room's equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Fitness Room users.
2. I understand that the nature of the supervision of the Fitness Room provided by the District is general in nature, and the Fitness Room Supervisor is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participation in exercise activities.
3. I hereby acknowledge that my use of the District's Fitness Room involves risk including possible injuries to bones, muscles, tendons, ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's Fitness Room.
4. I hereby, release the Lake Shore Central School District, its Board of Education, in both their corporate and individual capacities, its employee, agents and assigns, for all claims (of any nature) relating to my use of the District's Fitness Room, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

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**Participant Signature**

**Date**

If user is under 18 years of age the user's parent or guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

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**Signature of Parent/Guardian**

**Date**