

BAY VILLAGE FITNESS ROOM @ COMMUNITY GYM REGISTRATION FORM

Address: _____ Bay Village, Ohio 44140

Home Phone: _____ Emergency Phone: _____

Email: _____

1. _____ Birth date: ___ - ___ - ___ Age _____
2. _____ Birth date: ___ - ___ - ___ Age _____
3. _____ Birth date: ___ - ___ - ___ Age _____
4. _____ Birth date: ___ - ___ - ___ Age _____
5. _____ Birth date: ___ - ___ - ___ Age _____
6. _____ Birth date: ___ - ___ - ___ Age _____
7. _____ Birth date: ___ - ___ - ___ Age _____
8. _____ Birth date: ___ - ___ - ___ Age _____

MAIL OR DELIVER TO:
BAY VILLAGE RECREATION, 400 BRYSON LANE

Waiver: By signing this form, the undersigned agrees, with the intent to be bound, to release and hold harmless the City of Bay Village, its officers, directors, agents, servants, employees, and insurers from any and all liabilities, claims and causes of action for any and all injuries to me or my children arising out of my or my child's participation, either active or passive, in any activity sponsored by the Recreation Department of Bay Village. Furthermore, this release bars all claims by the undersigned's children, heirs, assigns, executors, and administrators. In consideration for the execution of this release, the City of Bay Village agrees to allow participation in the activity for the signor or the signor's child. By signing this document I agree that the activity for which I participate involves risk of injury. I acknowledge this risk and hereby give up any and all legal rights I may have against the City of Bay Village, its officers, directors, agents, servants, and employees for injuries relating there from. I authorize the City of Bay Village to take and use without payment, photographs of me and/or my child during recreation programs/activities as needed for public relations purposes, marketing/advertising on the City Web Site or City Recreation Booklet.

Signature: _____ (Adult Member or Parent/Guardian for child under 18) Date: _____

Payment: Cash Credit Check (Please make checks payable to Bay Village Recreation)

Circle one: **VISA** or **MASTERCARD**

Name on Card: _____ Card # _____ Exp. Date: _____