

**LOWA ANNUAL FITNESS CENTER AMENITY
AGREEMENT AND WAIVER FORM
EFFECTIVE 5/1/09-4/30/10**

Member information (please print):

Member Name: _____ Section/Lot: _____

Mailing Address: _____

Phone number to be reached during business hours: _____

Email address: _____

Annual user fee (per family): \$75. This fee is NOT pro-rated. \$ _____

Only Fitness Center Members, NO GUESTS. No children under the age of 14 are allowed in the Fitness Center at any time. Youth between the ages of 14 – 17 who are listed below are permitted to use the Fitness Center when accompanied by an adult member.

Names and ages (over the age of 14) of members using Fitness Center:

Emergency Contact Person and phone number(s) (please print):

WAIVER: I understand that I, and my family members, are healthy and able to use the exercise equipment on their own. I understand that all of my family are to be in good health and have received permission from my own family's physician(s) before beginning an exercise regimen. I understand that I can receive instruction on how to use the equipment at a class held for my benefit by a contractor with Lake of the Woods Association. I hold Lake of the Woods Association, Germanna Community College, and any others associated with the LOWA Fitness Center harmless in the event of an accident or injury.

In the event of a medical emergency, staff from Lake of the Woods Association, Security force, Fitness Center contractor for Lake of the Woods, or Orange County Fire and Rescue stations are authorized to obtain treatment by qualified personnel and if circumstances warrant, allow transportation of the person to a hospital. It is understood that this authorization covers only those situations that are true emergencies and only when the Member or Emergency Contact Person cannot be reached. It is further understood that the person whose signature appears below will be responsible for payment of medical care costs. It is also understood that a photocopy of this authorization will be as valid as the original.

As per LOWA Regulations, there is no smoking in the Fitness Center, and adjoining rooms.

With my signature, I also agree that my family will abide by the above age restriction, and all of the LOWA Fitness Center Regulations and Rules, knowing that violations will result in a penalty, and/or revocation of the use of the Fitness Center for my family.

Signature: _____ **Date:** _____

For office use only: Date received: _____ Assessment paid: _____ Processed by: _____ Confirmation letter: _____