

# REGISTRATION FORM FOR WEIMAR ISD WEIGHT ROOM FACILITIES

**Instructions** - Choose a season for which you want to be a member, choose a cost plan and then list every person who is on your plan and the relationship to you where provided. No cost adjustment for late registration.

- 4 month registration seasons **(choose one and mark it)**
  - Summer (May/June/July/August)
  - Fall (September/October/November/December)
  - Spring (January/February/March/April)
  
- Cost **(choose one and mark it)**
  - Individual - \$60/season
    - (1 or 2 People on Access List)
    - (Individual and Spouse or Child 18 and Up)
  - Family - \$100/Season
    - (Up to 5 people on Access List)
    - (Individual and Spouse + 3 children 18 and Up)
  - Employee – Free
  - Students – Free with School Supervision
  
- Key Fob Access
  - Available times to be set by district
  - Replacement Fobs (\$25 fee)
  - Security Cameras
  - WISD reserves the right to terminate access at any time, without refunds, for failure to follow guidelines.

Print Name - Member	Signature - Member	Date
Print Name	Signature	Relationship to Member
Print Name	Signature	Relationship to Member
Print Name	Signature	Relationship to Member
Print Name	Signature	Relationship to Member

# Facility Rules and Guidelines

(Gym open & available for use at the discretion of coaches and administration)

- Doors are not to be propped open.
- Providing access to non-members will lead to termination of your membership immediately.
- Appropriate athletic apparel must be worn. Shirt and closed toed shoes required. No street clothing, sandals, open-toed shoes, hard soled shoes, jeans, street clothing and anything that compromises the safety and professionalism of the weight and fitness rooms are prohibited.
- Return all equipment to its original location when you are finished.
- Rack the weights.
- Bring a towel.
- Clean the equipment you have used.
- Do not drop weights on the floor or bang weights.
- Do not put weights on pads or benches.
- All equipment must be used in the manner for which it was designed. Do not attempt to modify the equipment.
- Profanity or excessively loud or suggestive language will not be tolerated.
- Do not take any equipment outside of the gym.
- Patrons should use extreme caution in lifting weights to avoid potential injuries to themselves or others. Do not attempt to use equipment if unfamiliar with the proper use.

I agree to abide by the rules of conduct, behavior, dress code, equipment usage, and use of services that are displayed within this gym and that have been provided to me.

---

Signature

Date

## Access times:

Monday – Friday

5:00 am – 8:00 am

12:00 pm – 5:00 pm

8:00pm – 10:00 pm

Saturday – Sunday

5:00 am – 9:00pm

# Weimar ISD Fitness Center and Weight Room

## WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT

In consideration for the benefits of use of the Weimar ISD Fitness Center and Weight Room, including any fitness equipment or instruction, I, \_\_\_\_\_ (print name) acknowledge and agree: **(Please initial each section)**

\_\_\_\_\_ that use of the facilities as described above involves inherent risk of injury, including serious injury or death;

\_\_\_\_\_ that by signing below, I am voluntarily assuming any risks, both known and unknown, including risk arising from the negligence or omission of the Weimar Independent School District (ISD), its employees, officers, volunteers, contractors, and agents, to which I may be exposed through my use of the facilities;

\_\_\_\_\_ to willingly comply with the stated and customary terms and conditions of use of the facilities, including any rules, regulations, or applicable WISD policies;

\_\_\_\_\_ that WISD is not responsible for providing me with health services or any form of medical treatment, nor for providing payment for any medical expenses or costs under any circumstances;

\_\_\_\_\_ that I should seek an opinion from a licensed healthcare provider before beginning any fitness regimen, including the use of these facilities, and

\_\_\_\_\_ that I voluntarily waive any and all actions, claims, and demands for, upon, or any reason of any damage or loss to person or property that I may directly or indirectly suffer during the course of or as a result of my use of the facilities. This includes claims or demands of any origin or nature, including those arising as a result of the negligence of WISD, its employees, officers, volunteers, contractors, or agents, whether by act or omission. I further agree and covenant not to sue WISD for any such claims or causes of action.

**\*\* I HAVE CAREFULLY READ AND FULLY UNDERSTOOD THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT. I UNDERSTAND THAT THIS AGREEMENT WILL BIND ME, MY ASSIGNS, MY PERSONAL REPRESENTATIVES, AND MY HEIRS. I HAVE SIGNED IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, AND IN VALUABLE CONSIDERATION OF THE USE OF FACILITIES AS DESCRIBED ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date