



Story City Community Recreation Center

826 Elm Avenue
Story City, IA
50248
515-733-2458

Membership Form

Date: _____

Membership Packages- Use of Gymnasium & Walking Track

- Individual- Inside City Limits
- Individual- Non Resident - \$25/yr
- Family- Inside City Limits
- Family- Non Resident - \$50/yr
- Day Pass User - \$1/visit

Name: _____
(Last) (First) (Middle)

Address: _____ City, State, Zip Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Birth date: _____ Gender: _____ E-mail: _____

Additional Family Members

Name _____ Birth date _____ Gender: Male Female

Are you a member of the Mary Greeley Lifetime Fitness Center? **Y** or **N**

Do you live within the city limits of Story City? **Y** or **N**

Do you own property within the limits of Story City? **Y** or **N**

Do you have any medical conditions? If yes, please list: _____

WAIVER

The Story City Community Recreation Center strives to provide a safe, fun recreational environment. There are, however, certain risks, dangers, hazards and liability to all patrons. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and course cancellation or curtailment. All persons using the Recreation Center are required to accept these and other risks as a condition of their participation. The Story City Community Recreation Center will not accept any liability for injury, loss, damage or expense sustained as a result of any person's use of the facility.

By signing below, the participant acknowledges that he or she has read all the provisions above, fully understands the terms and conditions expressed there, and has freely accepted the provisions of the foregoing paragraphs relating to assumption of risk and exemption from liability. The participant should not sign this agreement if he or she does not fully understand the above provisions. By signing this agreement you are giving up any right you may have now or in the future to sue the above identified persons and entities.

I confirm that I have read and understood this Agreement prior to signing it, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns, and representatives may have against the Releases.

Participant Signature: _____ Date: _____

Parent Signature: _____ (if participant is under 18 years of age)