

## **CITY OF MIAMI SPRINGS**

PARKS AND RECREATION DEPARTMENT 1401 WESTWARD DRIVE MIAMI SPRINGS, FLORIDA 33166 (305) 805-5075



Date: \_\_\_\_\_

## FITNESS ROOM MEMBERSHIP APPLICATION

BY COMPLETING AND SIGNING THIS APPLICATION, THE APPLICANT AGREES TO ABIDE BY ALL FITNESS ROOM RULES AND REGULATIONS AND FURTHER AGREE TO INDEMNIFY AND HOLD THE CITY HARMLESS WITH REGARDS TO ANY INJURIES RECEIVED AS A RESULT OF THEIR USE OF THE FITNESS ROOM/ EQUIPMENT.

Name:(Last)		(First)	(Age/ DOB)	FOR OFFICE USE ONLY		
۸۵۵۳۵۳	٥٠				Membership Fee	
Addres	S:			Amazont Daid	momboromp r oo	
				Amount Paid		
Telepho	one:	or		PMT Type		
_				Rec#		
Emerge	ency Contact Name & Num	ıber:		Rec'd. By		
			<del></del>			
E-Mail	Address (optional):					
PASS TYPE		Youth: 13-17 Adult: 18-55	\$150.00 (m \$150.00	nust have adult with membership)		
□ 1 y	ear	Senior: 55-ove Family of 2: 6-months:	•	\$75.00 (free from 8:00-11:00 Mon-Fri) \$188.00 <b>each additional member</b> is \$75.00		
☐ 6 months  NO ONE under the age of 12 is permitted in the				the Fitness Room.		
□ Sei	nior - Year	The <b>PARENT N</b> Fitness room.	The <b>PARENT MUST</b> be next to youth members at all times while in Fitness room.			
☐ Senior - Free		Athletic shoes I	Athletic shoes MUST be worn at all times. NO open toe shoes permitted.			
☐ Fai	mily Membership					
		GENERAL AGREE	-			
In cons	ideration for the City of Mia	ami Springs' Parks and Recr	reation Departn	nent providing ac	cess to the Fitness Room,	
l,	, do hereby: (Print Name)					
1) 2)	2) Agree to compensate the City of Miami Springs for any repair and/or replacement costs for damages to the					
3)	facility or equipment as a result of my misuse of the equipment.  Agree to indemnify and hold harmless the City of Miami Springs and/or its departments, agents or employees from any liability arising out of my use of the Fitness Room.					

Signature: