

FITNESS MEMBERSHIP APPLICATION

Name: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

City of Carl Junction
303 N. Main St
PO Box 447
Carl Junction MO 64834
417-649-7237
417-649-6843 fax
cjcithall@carljunction.org

FITNESS ONLY MEMBERSHIP OPTIONS:

FEES:

- | | |
|--|------------------|
| _____ Resident (Primary card holder) | \$40/Annually |
| _____ Resident (sub card holder) | \$28/Annually |
| _____ Non-Resident (Primary card holder) | \$80/Annually |
| _____ Non-Resident (sub card holder) | \$56/Annually |
| _____ Card Replacement (All) | \$5 Individually |
| _____ One Day Pass | \$3 Individually |

FITNESS MEMBERSHIP WAIVER

To the fullest extent permitted by law, _____ agrees to indemnify, defend and hold harmless the City of Carl Junction, its officers, agents, volunteers and employees from and against all suits, claims, damages, losses and expenses-including but not limited to any attorney's; fees, court costs or alternative dispute resolution costs arising out of or related to my use of the City's facilities, buildings, equipment or infrastructure under this agreement involving an injury to a person or persons, whether bodily injury or other personal injury (including death) or involving an injury or damage to property (including loss of use or diminution in value) but only to the extent that such suits, claims, damages, losses or expenses are caused by the negligence or other wrongdoing of myself may cause a liability, regardless of whether caused in part by the negligence or wrongdoing of the City and any of its agents or employees.

No provision of this agreement shall constitute a waiver of the City's right to assert a defense based on the doctrines of sovereign immunity, official immunity or any other immunity available under law.

Applicant's Name (please print)

Signature (applicant or parent if under 17)

Date

OFFICE USE ONLY

Identification Used:

(make copy of ID & attach to back of application)

Expiration Date of ID:

Primary Card Holder:
_____ Yes _____ No

(If no, who is primary card holder?)

Approved & Issued by:

Date:

Card number issued:

