

Key Fob Activated

2017-18 Renewal Application

JAMES/KILMER FITNESS CENTER MEMBERSHIP

Name: _____

Unit #: _____

Day Phone: _____

Home Phone: _____

I AM A RENEWAL: _____

I AM A NEW MEMBER: _____

Payment Method/Fee

Check: _____

or

Community Specialists Billing Statement next month: _____

~ Annual Fee of \$85 per person from June 1 - May 31 each year *

~ No refunds will be given for terminated memberships.

In joining the James/Kilmer Fitness Center, I agree to abide by all the rules and regulations established and published that govern the use and care of this facility. I understand that violations may result in forfeiture of membership without recourse.

I understand that memberships cover a full 12-month commitment.*

I further understand that this amenity is for the exclusive use and benefit of James/Kilmer residents who join the Fitness Center and that any other person using the center under my guise will cause my membership to be terminated.

I also accept that its use is solely at my own risk, and agree to sign the use waiver (on the back of this application) required for membership. Every member of the fitness center must have a waiver on file.

Signature: _____ Date: _____

*** New members may pro-rate their first time membership only. Any member who quits and starts up again will not be allowed to pro-rate future memberships.**

Use Waiver

James/Kilmer Fitness Center Membership

In consideration of my use of the James/Kilmer Fitness Center at Carl Sandburg Village Condominium Association #7, Chicago, Illinois, for myself and for my spouse, children and all other family members and our respective heirs, personal representatives, successors, assigns and care givers (collectively the "Releasing Parties") do hereby fully and forever release and discharge the members of Carl Sandburg Village Condominium Association #7 and its present, former and future officers, directors, agent, employees, successors and assigns (collectively the "Released Parties") of and from claims (including, without limitation, counterclaims, cross-claims and third party claims), demands, causes of action, liabilities of whatever kind, nature or description, known or unknown, direct or indirect, which arise from incurred as a result of my use of the equipment in the Fitness Center; and I hereby waive any and all claims, demands, and causes of action against the Released Parties. I fully understand and agree that my use of the Fitness Center is solely at my own risk. I also fully understand that the Association, its Board of Directors, its Managing Agent or its Employees shall not be responsible for any items left in the Fitness Center.

I certify that I am 18 years old or older.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____