



600 E Willow St. | Normal, IL 61761

# MEMBERSHIP RENEWAL FORM

Please fill out and return your renewal form and signed liability form with payment of \$30.00 to ARC. You must sign a new liability form each year that you renew your membership to ARC. See page 2 for liability form.

Name: \_\_\_\_\_ Join Date: \_\_\_\_\_ Renew Date: \_\_\_\_\_

Note: If renewing after join date, your membership is continued 1 year from your original join date not from the date you renewed.

Month & Day of Birthday: \_\_\_\_\_

I can operate independently while at ARC. (Circle One) Yes No If no, please explain: \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_

**UPDATE CONTACT INFORMATION (ONLY IF THE INFORMATION HAS CHANGED FILL THE REST OF THIS FORM OUT)**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance-Based Incentive Program Name & # (if applicable) \_\_\_\_\_

**HAS YOUR EMERGENCY CONTACT INFORMATION CHANGED? (IF YES, PLEASE FILL OUT THE LINES BELOW.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Office Use Only:</b>		
Membership effective: From _____	To _____	Method of Payment _____

## Liability Release and Indemnity

TO: Activity and Recreation Center (ARC)

IN CONSIDERATION OF being permitted to participate as a member of ARC, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledges that the undersigned's participation in ARC programming may include activities that may be hazardous to the undersigned and assumes the risk of injury or harm associated with such participation.
2. Releases and forever discharges the Activity and Recreation Center, Normal Township, the Road District and their employees, officers, directors, shareholders, affiliates, agents, representatives, volunteers, successors and assigns (collectively the "Releasees") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation in ARC programming, whether prior to, during or subsequent to my attendance and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees or otherwise.
3. Indemnifies and holds harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in any ARC-affiliated activity including but not limited to classes, tournaments, free activities, fundraising events, social gatherings and publicity engagements.
4. Understands and acknowledges that my participation ARC programming does not in any way include or guarantee me any insurance coverage of any kind. Insurance, if any, purchased by ARC may be increased, decreased, canceled and in any way changed by ARC at any time in its sole discretion.
5. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity, which shall continue to be enforceable.
6. In the event of an injury, I hereby give permission to ARC staff to render any first aid emergency medical treatment while participating in ARC programming. It is also understood that I accept financial responsibility for any and all medical treatment rendered, and grant ARC staff permission to transport or call for transport to an area hospital or treatment facility if it is deemed necessary.
7. If I choose to register for any exercise program, class, instruction, or use of the fitness equipment at ARC, I am fully aware of the potential risks to my health, safety, or welfare as a result of my voluntary participation. Further, I agree to assume responsibility for monitoring my own condition throughout the any exercise program, class, instruction or use of fitness equipment and should any unusual symptom (s) occur, I will cease my participation and inform the staff. I realize I am free to terminate any exercise program at any time.

**I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT BY SIGNING IT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY OWN BEHALF WHICH MAY BE AVAILABLE TO ME FOR THE ORDINARY NEGLIGENCE OF RELEASEES, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREAT EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Signature of Participant

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

Print Name: \_\_\_\_\_