

## SAFARI ISLAND MEMBERSHIP APPLICATION - FitOn Health

1600 Community Drive, Waconia, MN 55387 (952) 442-0695 A Community Center Operated by the City of Waconia (the "City") 2024 Membership Application and Agreement

Please fill out ONE membership form PER HOUSEHOLD

FOR OFFICE USE ONLY				
Date Rec'd:				
Initials:				

FULL GIVEN NAMES (FIRST & LAST)	Gender	Date of Birth	Fitness ID# (REQUIRED BEFORE SIGN UP)		
Health Insurance Provider:					
Address:		City:	Zipcode:		
Phone Number:	Email:	<b>:</b>			
Emergency Contact Name:		Phone:	Relation:		
With the purchase of my membership, I agree to the follow	ving terms and	conditions:			
		• • • • • • • • • • • • • • • • • • • •	on and agreement (my "Commencement Date") and continues		
for a period of one calendar year (the "Initial Term"). By pay of one year unless I renew my membership.	ring my fee on a	n annual basis (if applicable), I	agree my membership will expire at the end of the initial term		
I agree that the City may pursue any remedies available to	the City. at law	or in equity, to collect any am	ounts due, and I agree to pay the City all costs and expenses,		
including collection charges and attorney fees, incurred by the City in enforcing the terms of this application and agreement. No waiver by the City of performance by					
me shall be considered a continuing waiver or shall preclude the City from exercising its rights. No acceptance by the City of any partial payment tendered by me shall be deemed to be a waiver of the balance of the amount due, even if the payment instrument states that acceptance constitutes payment in full.					
		•	ncrease or decrease membership fees at any time and to offer		
	•	9 ,	r eliminate Safari Island facilities, equipment, services and		
programs, and to change hours of operation. I acknowledge					
RULES AND REGULATIONS: I agree that my membership and	d use of Safari Is	sland facilities, equipment and	services is subject to all Safari Island rules and regulations, as		
			ed to me. I agree that the use of any Safari Island facilities, ner discretion, believes the use might be detrimental to health		
or well being.		, , , , , , , , , , , , , , , , , , , ,			
PERSONAL PROPERTY: I agree not to bring any valuable per	sonal property	to Safari Island facilities or to	store such property in my car while parked at the Safari Island		
parking lot. I will not hold the City, its elected officials, its en members, youth, dependent children or guests.	nployees, or the	e Safari Island Manager liable f	or the loss or theft of, or damage to, any personal property of		
	d above to part	ricinato in all activities at Cafa	ri Island Tasknowlodge that activities at Safari Island involve		
5	•	•	ri Island. I acknowledge that activities at Safari Island involve ary to virtually all bones, joints, muscles, and internal organs. I		
agree on behalf of myself and the other individuals listed a	bove (collective	ely, "us") to release the City, i	ts elected officials, employees and the Safari Island Manager		
			g out of, or in anyway connected with, use of the Safari Island employees, and the Safari Island Manager harmless from and		
against any and all liability, injury, loss, expense, and cost (	(including reaso	onable attorneys' fees) arising	out of, or in anyway connected with, use of the Safari Island		
	_	=	o sue, attach, or prosecute the City, its elected officials, or the be available to me. Nothing in this agreement shall affect or		
diminish any immunity or tort liability limitation applicable other provisions of this paragraph shall survive the terminat	•		the Safari Island Manager. The releases, indemnifications and		
cane. provisions or any paragraph shall survive the terminat	or my mem	co.o.np and and agreement.			
·	•	,, ,	sion to use my name and photographic likeness (as well as the		
names and photographic likenesses of all members listed ab	J	•			
, , , ,			the facilities or assets of Safari Island or the City; 2) grants no		
			se other park and/or recreation facilities of the City. I further and enforced in accordance with the laws of Minnesota; and 3)		
any term or provision of this agreement is found to be invepermitted by law. I understand and agree that my members		,	agreement shall still be valid and enforced to the full extent		
		•	D DV IT.		
I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THIS EN	TINE AUREEIVIE	NI, AND I AUREE IU BE BUUN	וו זע ע.		
Participant Signature					
Participant Signature		Date			
Participant Signature		 Date			