



Arlington County's Fitness Membership!

One membership allows access to 7 locations!

First Name	Last Name	Date of Birth (Mo/Day/Year)
Address		Male Female
City	STATE	Zip Code
Home phone number ()	Cell phone number ()	
Emergency Contact Person	Emergency Contact Phone Number ()	
Staff Use Only		
Payment amount: \$ _____		Staff Verification: (Staff Initials)
Payment type: Check #: _____ Cash: \$ _____ CC: _____		Resident Non-Resident

HOLD HARMLESS AGREEMENT

The undersigned is aware that there are certain inherent risks involved in participating in the Arlington County Department of Parks and Recreation programs, including but not limited to the risk of theft or damage to my property, and the risk of personal injury from participation in these programs. On behalf of myself and in consideration of my being granted permission to participate in these activities and use the facilities of the County and/or other activities and services provided by Arlington County Department of Parks and Recreation, its agents and employees, including food service, I, on behalf of myself, my executors, administrator, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all of its officers, departments, agencies, volunteers, agents, and employees from any and all claims, (except for claims based on malicious conduct by County officers and employees), lessees, damages, injuries, fines, penalties, and costs, (including court costs and attorney's fees) charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to my or my family's participation in the program and/or use of a DPR facility. I understand that some of the fitness facilities are self-monitoring and do not have staff present. I also agree to follow posted equipment guidelines, rules, etiquette, and signage posted at each site. I have read and understand this HOLD HARMLESS AGREEMENT, and by my signature below agree to its terms.

EMERGENCY TREATMENT: Arlington County DPR has permission, in the event of an emergency, at my expense, to utilize the most convenient rescue squad or ambulance to transport me to the nearest hospital.

E-mail Address: Providing an e-mail address will add you to the county-wide ListServ that shares important emergency communications such as fitness center closings and membership renewal information. Occasional marketing e-mails and surveys may also be sent to this e-mail. You are welcome to unsubscribe to such e-mails at any time.

E-mail address: _____

Note: In order to help ensure the safety and security of our customers, pictures are required for DPR memberships.

Signature: _____ Date: _____