

FITARLINGTON TEEN FITNESS MEMBERSHIP

ARLINGTON COUNTY, VIRGINIA

DEPARTMENT OF PARKS and RECREATION

First Name: _____

Last Name: _____

Birth Date: ____/____/____ Age: ____

Address: _____

Phone: _____

E-mail address (for activity update): _____

Emergency Contact: _____

Contact Phone Number: _____

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.

Child's Name: _____

Parent//Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Staff Use Only: _____

**Teen Fit Motto:
Light Weight
More Reps!**



Learn More!

www.arlingtonva.us

search: Teen Fitness

Contact **Tim Stroble** at
tstroble@arlingtonva.us or
703-228-7306 for more information.

**The Gym: Not Just
For Adults Anymore**



**FitArlington
Teen Fitness
Membership**

**A Fitness Membership
Just For Teens!**



www.arlingtonva.us

search: teen fitness