

Membership/Activity Waiver and Registration

The Harry L. Coomes Recreation Center, commonly referred to as the "Coomes Recreation Center" is designed as a service facility for the community. As such it will strive to provide a wholesome atmosphere where persons of all ages can meet, enjoy the benefits of physical fitness, leisure time activities, general group/individual exercise, and social and special event programs.

I, the person noted below and where applicable on behalf of the minor(s) indicated below, understand that participation at the Coomes Recreation Center and with activities sponsored by the Town of Abingdon ("Town") is at my own risk. I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and/or as a result of any transportation related thereto. In that regard, I hereby covenant not to sue and agree to hold harmless the Town, its departments and agents and/or employees from any and all liability for injury and/or loss that I might sustain, or that I negligently cause to others or property, as a result of participating in any activity at the Coomes Recreation Center or other activity sponsored by the Town. I understand that accident insurance, medical insurance and other coverages are not provided to participants by the Town.

Unless I have set out in writing on the attached sheet entitled "Medical/Health Conditions" that I have existing medical conditions or health problems that may have an impact on my ability to participate in any physical activities at the Coomes Recreation Center, I hereby acknowledge that I am in good physical condition and suffer from no known medical conditions or health problems. I understand that if I do have a known medical condition or health problem that I will have to provide the Town with certification from my physician, satisfactory to the Town, that I am capable of participating in the physical activities without health risk to myself or others using the Coomes Recreation Center before I will be allowed to participate in the activities. I will notify the Town (at 276-623-5279) of any change in my condition.

I acknowledge that certain activities may pose a risk with persons who have existing medical conditions and such activities may compound a simple medical or health problem. I acknowledge that regular scheduled medical advice or examination, before heavy or extended physical fitness activities, is recommended. I understand the importance that I am in good physical condition when I agree to participate in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I agree to follow all current and future regulations of Town, that all fees and other due charges must be paid in full before participation and that no refunds are provided for my decision not to complete the class or program. The Town may in its discretion, however, issue a credit for medical problems or illness which may prevent participation after registration for program(s) when accompanied by a medical doctor's statement.

A.

Signature _____ Date _____

Parent/Guardians Signature for Minor _____

B.

First _____ MI _____ Last _____

Address _____

Zip _____ City _____ State _____

Phone () _____ Birth Date ____ / ____ / ____

Work () _____ Sex M F

E-Mail _____ @ _____

C.

Emergency Contact

Name _____ Day Phone () _____

Relation _____ Evening Phone () _____

Membership/Activity Waiver and Registration
MEDICAL/HEALTH CONDITIONS

D.

<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Dizzy Spells
<input type="checkbox"/> Other _____	<input type="checkbox"/> None	

E. (Skip to F if Activity Only)

Membership Only

Please list each person that will be included on your membership other than yourself

Name	Birth Date	Relationship
1		
2		
3		
4		
5		

*******Recurring Memberships Only*******

Contract is for a minimum of 12 months with a \$50 charge for early cancellation. Recurring charges continue after 12 month contract is met. Member is responsible for notifying the Town to cancel monthly membership. All charges that are declined remain owed to the Town and if not paid by the Member, are subject to collections, penalties and attorney's fees.

Member Social Security Number(required):

Member Driver's License Number:

F.

I have received a copy of the Harry L. Coomes Recreation Center's Rules and Regulations and agree to them, including but not limited to those of facility/grounds, fees, and facility waiver statement. I agree that if I provide false or misleading information to the Town or fail to follow the Town's rules and regulations, then the Town may in its discretion cancel my membership and collect applicable fees, penalties and attorney's fees.

Signature

Date

Parent/Guardian Signature if Minor

Date

Address (if different from child)

Phone Number / Email (if different from child)
(over)

Revised 08-2021
Rev. 08-2021