

Newton Fieldhouse and Community Center Membership Application

First Name: _____ Last Name: _____
 First Name: _____ Last Name: _____
 Address: _____
 City, State, Zip: _____
 Cell Phone(s): _____
 Email(s): _____

Check desired membership type:

- Free / General Membership: Use of track and community room
 - \$25 / Individual Membership: Use of weight room, track, and community room
 - \$50 / Family Membership: Use of weight room, track, and community room
- (All family members must reside at the same address, be 16 years or older, and sign an application)

Check **ALL** that apply:

- Current Newton Student (must be 10 years or older) >>>> Graduation Year: _____
- Resident of Newton School District
- Senior Citizen
- Newton Staff Employee
- Newton Staff Relative >>>> Employee Name: _____
- Parent* of Current Newton Student
- Grandparent* of Current Newton Student

*First & Last Name of Student(s) + Graduation Year

(1)		Grad Yr: _____
(2)		Grad Yr: _____
(3)		Grad Yr: _____
(4)		Grad Yr: _____

I have read and understand the guidelines established for the Newton Fieldhouse and Community Center and agree to abide by all.

Signature	Date	Signature	Date
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Please read, sign, and date the *Fitness Room Waiver & Release of Liability* on the back of this form

For Office Use Only			
Eligible :	Yes / No	Date:	
Fee:	Free / \$25 / \$50	Processed By:	
Pmt Type:	Check / Cash	Card # Issued:	
		Card # Issued:	



NEWTON LOCAL SCHOOLS

201 N. Long St.
Pleasant Hill, OH 45359
937-676-2002

Fitness Room Waiver & Release of Liability

Mrs. Danielle Davis
Superintendent of Schools

In Consideration of my use of any weight equipment, exercise equipment, and the Fieldhouse facilities provided by Newton Local Schools, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of Newton Local Schools.

Mr. Nick Hamilton
Treasurer

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge Newton Local Schools, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

Mr. Gavin Spittler
High School Principal

Mrs. Laurie Grube
Elementary Principal

I expressly agree to indemnify and hold Newton Local Schools harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest.

Mr. Ryan Fiely
Athletic Director

I agree to be solely responsible for the safety and well-being of my guest and myself. I understand that Newton Local Schools does not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by Newton Local Schools regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of the weight equipment and exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that Newton Local Schools is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Signature

Signature

Print Name

Print Name

Date

Date