

Member#: _____



APV ACTIVITY CAMPUS POOL APPLICATION

Name _____ Date of Birth ____/____/____
First Last

Address _____
Street City State Zip Code

Telephone number _____ Emergency Contact _____

Email _____ Membership type Individual Family

ADULT 18 Yrs Old and Up TEEN 16-17yrs Old CHILD 15 Yrs Old and Younger

Additional Family Member(s)

1. Name _____ Date of Birth ____/____/____
First Last

ADULT 18 Yrs Old and Up TEEN 16-17yrs Old CHILD 15 Yrs Old and Younger

2. Name _____ Date of Birth ____/____/____
First Last

ADULT 18 Yrs Old and Up TEEN 16-17yrs Old CHILD 15 Yrs Old and Younger

3. Name _____ Date of Birth ____/____/____
First Last

ADULT 18 Yrs Old and Up TEEN 16-17yrs Old CHILD 15 Yrs Old and Younger

4. Name _____ Date of Birth ____/____/____
First Last

ADULT 18 Yrs Old and Up TEEN 16-17yrs Old CHILD 15 Yrs Old and Younger

STAFF USE

Member # _____

Member # _____

Member # _____

Member # _____

PAYMENT INFO: *select one*

CASH CC CHECK

Daily Resident Pool Fee

Fee \$5 per day

Daily Non Resident Pool Fee

Fee \$7 per day

Pool: Resident

- \$15 (Individual WEEKLY)
- \$30 (Individual Monthly)
- \$50 (Individual Season)
- \$40 (Family Monthly (max5))
- \$60 Family Yearly (max5)

Add On

- Fee \$10 per person
- 1 person
- 2 persons
- 3 persons
- 4 persons
- 5 persons

Member#: _____

_____ Please initial indicating you have read the Rules of the FITNESS Center posted in the facility.

ASSUMPTION OF RISK AND RELEASE

In consideration of becoming a member or being allowed to participate in the activities and programs of Association of Poinciana Villages Fitness Center (hereafter "Poinciana Fitness Center") and to use its facilities and equipment, I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge Association of Poinciana Villages (hereafter "APV"), its' employees and agents, from any causes of action, claims, liabilities or demands of any nature whatsoever, including but not limited to a claim of negligence, for personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way relating to my participation in activities or programs, and/or use of equipment or facilities in the APV, whether by the negligence of Poinciana Fitness Center or otherwise. I further agree not to sue, take legal action, or bring a claim and agree to indemnify and hold harmless Poinciana Fitness Center from any and all causes of action, claims, demands, losses or costs, including attorneys' fees, of any nature whatsoever arising out of or in any way relating to my participation in activities or programs, and/or use of equipment or facilities in the Poinciana Fitness Center. I understand and am aware that strength, flexibility and aerobic exercises, including the use of exercise equipment at any APV facility, are potentially hazardous activities. I also understand that physical fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using equipment and facilities with have knowledge of the dangers involved. I do hereby declare that I do not pose a significant health risk to myself or pose a health risk to others' health and safety in my pursuit of any physical activity in the Poinciana Fitness Center, including the use of equipment and/or facilities and/or participation in activities or programs. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have voluntarily decided to participate in activity and/or use of equipment and facilities without the approval of my physician; in either case, I do hereby voluntarily assume all risks and responsibility for my participation in activities and utilization of equipment and facilities. I agree to limit my participation to reflect my personal fitness level. I hereby agree to expressly assume and accept any and all risk of injury and/or death. I further agree that if I do not act in accordance with this agreement and with the rules and regulations governing usage of the Poinciana Fitness Center I may not be permitted to continue to use the facilities or participate in any activities or programs.

I hereby consent to and permit emergency treatment in the event of illness or injury while using the equipment or facilities and/or while participating in the activities and programs of the Poinciana Fitness Center facilities. My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen years of age, or, if less than eighteen years of age, my parent or legal guardian has signed on my behalf, and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding. This agreement shall be construed and enforced in accordance with the laws of the State of Florida, and I consent to the jurisdiction of said State. If any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

Signature _____

Signature _____ Parent or Guardian Signature (if participant under 18)

Print Name _____ Date _____