

# City of Lester Gym Membership Application

<input type="checkbox"/> New Membership
<input type="checkbox"/> Renewal Membership

The Lester City Council will be responsible for the interpretation and enforcement of all rules and regulations. Policies and procedures will be reviewed periodically and may be modified without notice. The Lester City Council will address any situation not specifically covered within the application. The Lester City Council or city employees are not responsible for injuries or accidents to person or property during use of this facility. Use of this facility is at your own risk. Careful and considerate use is requested for your protection and the protection of others. Complaints should be directed to the Lester City Council.

## Yearly Membership Details and Fees

- Access to the fitness center from 5:00 a.m. until 11:00 p.m.
- Access to use the gym (large room) unless it has been rented out by a private party-view the rented dates on the Community Center Calendar @ <http://lesteriowa.com/index.html> (Community Center tab)
- Members will be given a key fob which will register who has entered the building, replacement of lost or damaged key fob is \$10
- Security cameras will be in place
- **Children (12 and under) must be accompanied by an adult at all times**
- Membership fees will be due **June 1<sup>st</sup> of each year**, the initial fee will be prorated based on your sign up date
  - **Single-** \$75(1 key fob included)
  - **Family-** \$150 (2 key fobs included- \$10 for each additional key fob, children included in family rate must be college student or younger and live in your home)
  - **Senior 55 and older-** \$25/person

## Informed Consent and Release of Liability

I understand that security cameras are present throughout the Community Center, Gym, and Workout Room for security purposes only. The building will not be regularly monitored or patrolled. I assume all risk associated with use of the facility, including exercise equipment. I hereby release all members of the City Council, Mayor and employees of the City of Lester from any and all liability. I acknowledge that I have read this Informed Consent and Release of Liability and that I am freely and voluntarily signing it. This Informed Consent and Release of Liability shall be binding of my heirs, spouse, or other next of kin, executor, administrators and assigns. I also understand the electronic key provided to me is to be used only by the members listed below. Membership may be revoked if privileges are abused.

\_\_\_\_\_  
**Member's Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please list all household members (include date of birth, current age, and grade if under 18)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail applications to City of Lester, PO Box 35, Lester, IA 51242 ATTN: Cathi

**Checks made payable to City of Lester.**

**Cash** or **Check** (circle)    Check Number: \_\_\_\_\_    Amount: \$ \_\_\_\_\_    Taken By: \_\_\_\_\_