

LCHS
1402 Freedom Road
Little Chute, WI 54140

Mustang Community Fitness Center
Membership Application

Member's Name:	
Phone Number:	
Address:	
Names of family members for family membership:	
Applying for (type of membership)	<input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> College (June 1-Sept 1) <input type="checkbox"/> Family <input type="checkbox"/> Village Emergency Personnel <input type="checkbox"/> LCASD Employee

Liability Release: (All adults must sign)

I/we understand and appreciate that there area number or inherent risks involved with using the Mustang Community Fitness Center and, therefore, agree to follow any and all safety standards, guidelines, and procedures established for using the fitness center.

I/we understand there are inherent risks associated with participating in fitness activities that may lead to injury and even death. I/we am/are voluntarily participating in these activities at Little Chute Area School District and using equipment and machinery with knowledge of the dangers involved. I/we hereby assume responsibility for any and all past, present, or future loss or damage to property and/or bodily injury, including death, however caused, including negligence, from or arising out of or in any way connected with my using the fitness center. To this end, I/we irrevocably and unconditionally waive on behalf of myself, my heirs or legal guardian, any and all claims, demands, rights, damages, costs, losses, suits, actions, causes of action, attorneys' fees and expenses, of any nature whatsoever, against the Little Chute Area School District, its officers, employees, volunteers, agents, and their heirs, executors and assigns for any injuries, foreseen and unforeseen, that should occur from my using the fitness center.

Signature	Date	Signature	Date
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Office Use Only:

Fob Deposit Paid (Date): _____ Fob # _____

Membership Paid (Date): _____ Cash Check # _____

Received by: _____

Rev 5/21/18