



## Henrico County Recreation and Parks FITNESS ACCESS PASS APPLICATION

Proof of residency is required at time of application submission and be verifying using a valid driver's license, DMV ID card, or voter registration card. Applicants must be 13 years of age or older.

Passes are personal to the patrons listed below. They cannot be reassigned or transferred. Patrons agree to abide by all Center rules and regulations. Henrico Recreation and Parks (HCRP) reserves the right to revoke access from patrons abusing rules, regulations, and facilities.

### **Primary Applicant Information**

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Emergency Contact Information**

Please list someone we may contact in the event of an emergency during the program.

**911 or 'Self' are prohibited contacts.**

Emergency Contact Name (First & Last): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

### **Secondary Applicant Information**

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Emergency Contact Information**

Please list someone we may contact in the event of an emergency during the program.

**911 or 'Self' are prohibited contacts.**

Emergency Contact Name (First & Last): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Primary Phone: \_\_\_\_\_



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### **Secondary Applicant Information**

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Emergency Contact Information**

Please list someone we may contact in the event of an emergency during the program.

**911 or 'Self' are prohibited contacts.**

Emergency Contact Name (First & Last): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

### **Secondary Applicant Information**

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

### **Emergency Contact Information**

Please list someone we may contact in the event of an emergency during the program.

**911 or 'Self' are prohibited contacts.**

Emergency Contact Name (First & Last): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

### **DURABLE ASSUMPTION OF RISK AND RELEASE AGREEMENT**

By submitting this application to use the Henrico Recreation and Parks' Fitness Centers as a pass holder, I affirm that my general health is good, I am not adversely affected by exercise, and I can engage in activities of a vigorous nature. I am aware that there are inherent risks of physical injury in using a facility and participating in activities. I understand that it is my sole responsibility to seek the advice of my doctor before becoming physically active or if my good health or condition should change. I further understand that it is my responsibility to

exercise due care, and should my health or condition render me unable to safely use the facility or participate in activities, I will cease my use or participation.

In consideration for using the facility or participating in activities, I voluntarily agree to assume the full risk of any injuries, including death, damages, or loss that I may sustain because of use of the facility or participation in activities. I further agree to release, indemnify, and hold harmless Henrico County, its officers, agents, employees, and volunteers from any and all liability for any injuries, damages, or loss that I may suffer as a result of, or in any way connected with, use of the facility or participation in activities. I understand that under Va. Code Sec. 15.2-1809 and other Virginia law, Henrico County will not be liable in a lawsuit for damages arising out of the operation or maintenance of a public recreational facility.

I understand that this Agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators. I acknowledge that Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities.

**I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS, I MAY BE WAIVING CERTAIN CLAIMS. BY SIGNING THIS AGREEMENT, I KNOWINGLY AND VOLUNTARILY CHOOSE TO PARTICIPATE IN PHYSICAL ACTIVITY THAT INVOLVES RISK OF INJURY.**

**If this form is being completed for a minor, I affirm that the representations and warranties made above are made on the minor's behalf. This Agreement shall be valid and binding for as long as an access pass is valid.**

**If the participant is under 18 years of age, the parent or legal guardian must sign this release. By signing this form, the undersigned represents that s/he has the authority to do so.**

**Primary Applicant Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Secondary Applicant Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Secondary Applicant Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Secondary Applicant Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_



## Henrico County Recreation and Parks FITNESS ACCESS PASS APPLICATION

### **PAYMENT AGREEMENT**

Payer Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Payer's Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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### **Monthly Automated Credit Card Deductions**

By signing this agreement form, I agree to participate in the Automatic Payment Service Program as outlined in this payment agreement. Henrico County's Division of Recreation and Parks will submit a preauthorized deduction from an authorized credit card for monthly payments until this agreement is terminated, in writing, by either party. I understand that failure to notify the Division of Recreation and Parks of any account changes which result in the payment not being honored by the institution may result in bank fees. I understand that any failure in payment of the monthly fee by the financial institution will result in the automated credit card deductions being terminated and the access pass will expire at the end of the month currently paid for.

**Signature of Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fee: ☐ \$10 (Individual) ☐ \$20 (Family)

### **Single Month**

☐ Cash ☐ Credit Card

Number of Months (1-12): \_\_\_\_\_

**Signature of Authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHYSICAL ACTIVITY READINESS CONSIDERATIONS**

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Regular Exercise is associated with many health benefits, yet any change in activity may increase the risk of injury. If you have health concerns such as limited mobility, heart disease, asthma, diabetes, high blood pressure, etc., get medical clearance before you start to exercise. It is your sole responsibility to consult your healthcare professional before starting any health or exercise regimen.

**FITNESS CENTER ACCESS AGREEMENT**

- An orientation to the Fitness Center is mandatory for those ages 13-15 years of age and available to all others upon request. Please see the facility staff to schedule.
- You must scan in with your Access Pass Tag each time you utilize the Fitness Center.
- Please limit cell phone use while using the Fitness Center.
- Headphone use is required when using an audio device.
- Photography and video recording is strictly prohibited in the locker rooms.
- Athletic footwear and attire are required.
- Please leave personal items in the provided lockers. HCRP is not responsible for any lost or stolen items left in the locker rooms. Any locks left attached to the lockers may be removed by staff.
- No food or drinks apart from bottled beverages with a secure top.
- All equipment will operate on a shared basis.
- All equipment and mats must be cleaned after each use.
- Please refrain from dropping or slamming weights.
- No outside personal training is allowed.

HCRP reserves the right to close their fitness centers at any time for any reason. All fitness centers will be closed in accordance with the County of Henrico holiday schedule.

**I have read and understand the above *Physical Activity Readiness Considerations* and *Fitness Center Agreement*.**

**If the participant is under 18 years of age, the parent or legal guardian must sign this release.  
By signing this form, the undersigned represents that s/he has the authority to do so.**

**Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**