

**Clinton Prairie School Corporation
Fitness Center Information**

Name: _____

Address: _____

Telephone number: _____ Cell Phone : _____

Email address: _____

Emergency Contact and Phone: _____

Family Doctor: _____

The following information is needed in order to run a Limited Criminal background

check: Date of Birth, month/day/year: _____

Rule and Regulations Sign-off

I have received a copy of the Clinton Prairie School Corporation Fitness Center Rules and Regulations. I have read and understand all the rules and regulations for the fitness center and agree to abide by them.

Signature: _____ Date: _____

Injury Waiver Sign-off

This notice is to state that I will not hold the Clinton Prairie School Corporation nor any personnel employed by said corporation responsible for any injuries which may occur when I am working out in the physical fitness room. The Corporation is also not responsible for any injuries I may incur before, during, or after working out.

Signature: _____ Date: _____

Fitness Center Fee paid by: Cash Check No. _____ Date: _____

Entry Card Number: _____ Date issued: _____

Date the training film was viewed: _____