



# Robb Fitness Club Free Trial Pass

Complete this application and remit to Robb Fitness Club staff to receive your free gym trial pass.\*

\* Restrictions may apply and offer may be redeemed only once



CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT AND ROBB FIELD RECREATION COUNCIL

## WAIVER, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT

In consideration of being allowed to participate in City of San Diego and Robb Field Fitness Club, I acknowledge and agree that:

- Neither the City of San Diego nor the Robb Field Recreation Council maintains health insurance for injuries to the participant that may arise out of involvement with the Robb Field Fitness Club.
- By virtue of participation, **PARTICIPANTS RISK BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMAGE TO PROPERTY.**
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MYSELF.**
- I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR THE ROBB FIELD RECREATION COUNCIL**, their officers, agents, contractors or employees with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- I agree to follow all safety rules, as well as any instructions given during the participation with the Robb Field Fitness Club.
- I hereby authorize and give my consent for medical care to be given in an emergency situation to myself while participating in the Robb Field Fitness Club.
- THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
- I hereby give permission for the above named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
- I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the classes/activities/events listed below and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures and epilepsy may not participate until a medical clearance has been submitted. In addition, I must notify the coach/instructor/leader of any health condition(s) prior to participation.
- I understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are accurate at all times.
- CONSENT TO TREATMENT OF A MINOR:** In the event of sudden illness, accident or injury which may occur while said minor is engaged in classes/activities/events by City of San Diego and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California.
- The Robb Field Fitness Club, to which this waiver, release of liability and authorization for medical treatment pertains to:

Failure to comply by the rules and regulations will result in a two week suspension or complete revocation of membership privileges. It is my responsibility to read the rules and regulations which are posted inside of the above named activity.

**(Towels and membership card are required for training-no loitering allowed)**

PARTICIPANT'S NAME (**PRINT**): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

*Number Street Apt./Suite City State Zip Code*

PHONE: ( ) \_\_\_\_\_ EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT #: ( ) \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Email \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*FOR STAFF USE ONLY\*\*\*\*\*

CLUB CARD NUMBER \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_ ONE-TIME ALLOTTED PASS \_\_\_\_\_