



Consent and Liability Waiver Form

In order to use the Community Hall Indoor Walking Facility, I hereby certify, covenant and agree as follows:

1. You have agreed to purchase a membership at a facility that allows you access Monday, Wednesday and Friday from 9 am to 11:30 am from October 1 to March 31. As such, you are aware that there will be no supervision, assistance, or staffing on site. We HIGHLY recommend that you have a walking partner accompany you while at indoor walking, but it is entirely up to you. **Initial**_____
2. You agree that if you engage in any physical exercise or activity, you do so at your own risk. You agree that you are voluntarily participating in the use of this facility and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property. This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities in the facility, (b) your slipping and /or falling while in the indoor walking premises, including adjacent sidewalks and parking areas. **Initial**_____
3. You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a release of liability. You expressly agree to release and discharge Thrive, and all affiliates (FCSS Bassano and the Town of Bassano), employees, agents, representatives, successors, or assigns, from any and all claims or causes of action. You agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Thrive for negligence, personal injury or property damage. **Initial**_____
4. You agree all membership dues must be paid in advance and understand fees are non-refundable or transferable. **Initial**_____
5. You agree access to indoor walking is only to be given to approved Thrive/Indoor Walking members. **Initial**_____
6. You agree to treat Indoor Walking facility with reasonable care by taking precautions such as removing outdoor footwear prior to using exercise equipment. **Initial**_____
7. You agree that You will fully comply with the posted Rules and Regulations as they are amended from time to time. Any violations of the Rules and Regulations may result in my exclusion from the facility. Thrive reserves the right to rescind the rights of members not complying with the terms **Initial**_____
8. You understand that Community Hall rentals take precedence over Indoor Walking and there may be days that the Indoor Walking may not be available. **Initial**_____

Please note: If a Thrive member is under 18 years of age the member must have parental consent. The parent of guardian will be required to agree to and sign the above terms as well as the underage user.

Membership Type

Adult 10-Punch Card	\$58.50
Senior Drop-in Fee	\$5.50
Senior 10-Punch Card	\$49.50
Adult Drop-in Fee	\$6.50
Family Drop-in (up to 5 people from the same household)	\$20.00
Family 10-Punch	\$125.00
Subsidized User – Drop-in (proof of need required)	\$2.00
Subsidized User 10-Punch (proof of need required)	\$15.00
Thrive Membership Holders	+\$5.00 per membership offering for unlimited indoor walking access.

Date	
Member Name	
Home Phone	
Cell Phone	
Email	
Signature	

I am over 18 years old. *(please check if applicable)*