

RIDGEVIEW CUSD #19



MUSTANG FITNESS CENTER MEMBERSHIP

I. Membership Overview and Eligibility

- The Ridgeview CUSD #19 fitness center is available for use by **community members who are 18 years of age or older**.
- To support the facility's maintenance, members are required to provide an **annual donation of \$50 per person**, payable to the **Ridgeview CUSD #19**.
 - This fee is used to cover the costs of towels and cleaning supplies.

II. Operating Hours

Access for community members is permitted during the following times:

Summer Hours:

- **Weekdays:** 5:00 am – 7:00 am & 12:00 pm – 8:30 pm
- **Weekends:** 5:00 am – 8:30 pm

School Year Hours:

- **Weekdays:** 5:00 am – 7:00 am & 5:30 pm – 8:30 pm
- **Weekends:** 5:00 am – 8:30 pm

Note: Student-athletes utilize the facility on weekdays during mid-day and afternoon hours.

III. Community Use Guidelines

Registration:

- Sign-up forms must be completed at the **district office between 9:00 am and 3:00 pm**.
- A copy of the applicant's **driver's license** will be made at that time.

Access:

- Registered members will be issued a **key fob** that functions seven days a week during the designated community hours.
- **Key fobs must not be shared** with any other individual.

Facility Care:

- Users are required to **wipe down all machines and equipment** after use.
- Users may be charged for damage they incur to district equipment or facilities.

Guests:

- Members are strictly prohibited from bringing **unauthorized guests** into the fitness center.

Compliance:

- Membership may be **terminated** for any violation of these guidelines.
- All guidelines are subject to change.

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MUSTANG FITNESS CENTER LIABILITY AGREEMENT

IV. Waiver of Liability and Hold Harmless Agreement

By signing this document, the member acknowledges and agrees to the following:

- **Release of Liability:** Ridgeview CUSD #19 and its Board of Education will **not be held liable** for any injuries sustained while using the District's fitness center, facilities, or equipment.
- **Medical Responsibility:** The member accepts **full responsibility for all medical expenses** incurred as a result of any accident occurring during the use of the facility.
- **Insurance:** The District **does not provide any type of insurance coverage** for accidents sustained by users.

V. Member Acknowledgement and Signature

I certify that I have read and understand the guidelines and liability waiver.

I agree to abide by all rules and acknowledge that my membership may be revoked for non-compliance.

Print Name: _____

Signature: _____

Date: _____

Phone Number: _____

Email Address: _____