



Membership Application

(Please Print)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Day: _____ Night: _____ Emergency: _____

Email Address: _____

Last Name, First Name, Middle Initial	Member Code: HH (Head of Household) S (Spouse) DD (Dependent Daughter) DS (Dependent Son)	Date of Birth	Member # (Office Use Only)

Refund subject to \$5.00 processing fee.

Please make checks payable to: Department of Parks and Recreation (Return check fee: \$15.00)

To our participants with disabilities: If you need special accommodations for program participation, please contact our office by phone (865) 429-7373 or in writing to: Department of Parks and Recreation, P.O. Box 605, Pigeon Forge, TN 37868-0605. We will be happy to assist with your special needs.

I agree to release and hold harmless the City of Pigeon Forge, its employees, and agents from any injuries sustained by my spouse, children, or myself as a result of participation in Pigeon Forge Department of Parks and Recreation programs. I assume full responsibility of any risk, implicit or direct by participation in activities or in Pigeon Forge Community Center facilities. I also understand that the City of Pigeon Forge does not provide medical insurance covering injuries to its participants.

*It is the policy of the City of Pigeon Forge not to discriminate on the basis of race, color, national origin, age, sex or disability in its hiring and employment practices, or in admission to, or operation of its programs, services and activities. With regard to all aspects of this contract, the agency/program/contractor certifies and warrants it will comply with this policy.

(SIGN & DATE ALL THREE PAGES)

Signature

Date

OFFICE USE ONLY:

Membership fee due: \$ _____

Member #: _____

Total amount paid: \$ _____

Membership Type: _____

Received by/Payment Method: _____

Invoice #: _____

(Revised 8/28/13)

Pigeon Forge Community Center Rules and Regulations

The following rules and regulations are established in order to provide a safe, enjoyable environment for you in which to recreate. Management reserves the right to suspend or revoke facility usage for non-compliance to these rules and regulations.

1. No food or drink outside of designated areas.
2. Must be a member or pay a usage fee. Membership identification must be with you at all times. Unauthorized use of the facility is not allowed.
3. No running outside of designated activity areas.
4. The Community Center and Center personnel will not be responsible for lost or stolen articles.
5. Bicycles are to be placed in designated areas only.
6. No profanity or fighting is allowed.
7. Abuse or vandalism of facility or equipment will not be tolerated.
8. Being abusive towards staff or patrons, or not following staff directives is subject to suspension.
9. Chewing gum, and tobacco products are prohibited.
10. Alcohol and drugs are not permitted.
11. No weapons of any kind are permitted.
12. No pets, with the exception of seeing-eye dogs are permitted.
13. Office phones are for employee use only. Pay phones are available or there is a courtesy phone in the front lobby for limited time use.
14. All youth under the age of 10 must have a parent or adult (over the age of 18) providing supervision while in the facility.
15. No children under age 14 are permitted in adult classes or the Fitness Center unless permitted by the Wellness Center Director.
16. All solicitations or postings must be approved by management.
17. Violations of Center rules will be cause for suspension for a period of up to one year. A copy of the list of applicable suspension periods is available upon request to the front desk staff.
18. The Community Center, or specific areas of the Center are subject to closure for a period of up to five days for annual maintenance. Notification of closures will be posted throughout the building.
19. We will constantly strive to meet the needs of all members. Unfortunately, there may be times when a member is unhappy with a situation. If and when this occurs, the issue needs to be discussed in a civil manner. There will be a manager on duty to discuss problems and/or complaints in an office or area away from the public.

I have read and understand the rules and regulations and agree to abide by them. I understand that failure to abide by these rules could result in suspension or of loss of use of facilities.

Signature

Date

How did you hear about us? __Facebook__ Web site __Newspaper__ Friend

LECONTE MEDICAL CENTER *WELLNESS* CENTER

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, _____, (hereinafter referred to as "User"), as a member of the Fort Sanders Health and Fitness Center at the Pigeon Forge Community Center (the "Center") desires to use the facilities and services available at the Center pursuant to the Membership Agreement. User acknowledges and agrees that User's signing and delivering this Assumption of Risk and Release of Liability is a condition to User's being permitted to utilize the facilities and services of the Center, and that this Assumption of Risk and Release of Liability is being signed by User and delivered to the Center in consideration of the Center's agreement to permit User to utilize the facilities and services of the Center.

User fully understands and agrees that in utilizing the facilities and/or participating in services, programs or events available at the Center that there is a possibility of physical injury to and, in some cases, death of User. User agrees that User is aware of these risks and voluntarily and willingly assumes the risks of any such injury or death. User further agrees that neither the Center nor any of its employees shall have any liability, obligation or responsibility to User as a result of any injury to or death of User occurring at the Center or as a result of User's utilization of the facilities and/or services of the Center, regardless of the cause of the injuries or death.

User further agrees that all exercises, including the use of any facilities, machinery, equipment or other apparatus, and User's participation in any exercise, aerobic, conditioning or other programs or events at the Center, shall be at User's own risk, regardless of whether consultation or instruction is or is not sought or provided by the Center and/or its employees. The Center shall not be liable to User for any claims, demands, injuries, damages or actions arising due to the physical injury to or death of User arising out of or in connection with User's use of the facilities and/or services of the Center, regardless of the cause of the same, and User agrees to hold the Center harmless from any and all claims for such injuries or death.

USER ACKNOWLEDGES THAT USER HAS READ AND UNDERSTANDS THE FOREGOING, WHICH CONSTITUTES A FULL ASSUMPTION OF RISK OF INJURY OR DEATH BY USER AND A FULL RELEASE OF LIABILITY OF THE CENTER, AND ITS EMPLOYEES, TO USER AS A RESULT OF ANY PHYSICAL INJURY OF DEATH OF USER OCCURRING AT OR AS A RESULT OF THE USE OF THE CENTER.

Signature _____ Date _____
(Guardian must also sign if User is under 18 years of age.)

LeConte Medical Center Wellness Center at the Pigeon Forge Community Center
170 Community Center Drive, Pigeon Forge, TN 37863

A Member of Covenant Health