



TAHOE DONNER GYM STICKER APPLICATION WAIVER

(Please complete a separate application for each minor)

PARTICIPANT'S LAST NAME

MUST COMPLETE:

Participant's Name: _____ Preferred Name: _____

D.O.B. _____ Age: _____

Parent/Guardian: _____ Mobile Phone: _____

Alternate Phone: _____ Email: _____

FOR OFFICE USE ONLY

APPROVED Manager's Signature: _____

CPT OR MANAGEMENT AUTHORIZATION REQUIRED FOR AGES 9-13 ONLY:

RECOMMENDED
Certified Personal Trainer: _____ Signature _____

NOT RECOMMENDED
Comments _____

If CPT is not contracted with Tahoe Donner Association, please attach a copy of certification.

CONTACT INFO:

These privileges will be revoked, and the parent/guardian contacted immediately if any behavior problems are encountered.

Primary Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

GYM STICKER PROGRAM RULES

AGE

- Members under the age of 18 must have a Trout Creek Waiver Form on file.
- No one under the age of 14 can utilize the free weights.
- Members ages 9 - 13 must apply for our Gym Sticker Program to use the cardio and/or stack machines. No access to free weights unless under direct supervision of a certified personal trainer. Applications are available at the front desk. Children under the age of 9 must be under direct supervision of a certified personal trainer with Tahoe Donner Association in order to utilize the Cardio and/or Stack Machines.

ATTIRE

- Proper gym attire is required. No wet, dirty, or immodest clothing is allowed. No bathing suits allowed.
- Dry, clean, closed-toe athletic shoes are required. No dress shoes, boots, or sandals are permitted.

CLEANLINESS

- Members are required to wipe-down equipment before and after each use with the disinfectant provided. Please include all surfaces including the surrounding floor area.
- Please return magazines to rack, and towels to hampers.

BE COURTEOUS

- Please be courteous to staff and other members while using Trout Creek Recreation Center.

EQUIPMENT ETIQUETTE

- Equipment use is at your own risk. Follow equipment instructions. Misuse of equipment can result in injury and or damage to the equipment. Ask a staff member if you are unfamiliar with equipment.
- Please limit your workouts to 30-minutes on cardio equipment.
- Please unload and re-rack weights after each use.
- Please wipe down and disinfect equipment before and after each use.
- Please use one machine at a time and allow others to 'work-in' when waiting.
- Do not slam, drop, clang, or throw weight stacks or dumbbells.
- No grunting. It is not necessary and indicates inefficient breathing.
- Tampering with any facility equipment other than its intended use is absolutely prohibited and will result in immediate loss of privileges.
- Please alert a staff member of discourteous gym etiquette.

FOOD

- No food is allowed in the Weight or Cardio Room.
- No glass bottles are allowed. Please use sealed non-glass containers for all beverages.
- No alcoholic beverages or smoking allowed.

AUTHORIZATION TO TREAT A MINOR

I, the undersigned parent, parents or legal guardian of the following participant _____, a minor, do hereby authorize and consent to any of the following for the above-named child: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care rendered under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act, or a dentist licensed under the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his or her best judgement may deem advisable. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the minor, but that any of the above-mentioned treatments will not be withheld if the undersigned cannot be reached.

This authorization and consent shall remain in effect until minor reaches the age of 18.

AUTHORIZATION TO TREAT A MINOR

I, the undersigned minor and parent/guardian, as a condition of being permitted to utilize this facility, agree as follows:

There are risks inherent in any exercise program, including the use of exercise equipment, weight machines, and pools/spas, such as those provided at this facility, which may or may not be obvious, and which pose serious threats to my safety. Such risks include, but are not limited to (there may be other risks not known to me or reasonable foreseeable at this time), the possibility that the use of equipment provided will place too great a strain on my body causing injury or death, and the possibility that, due to misuse, inadequate knowledge related to its use, my pre-existing physical condition, equipment malfunction, or negligence in equipment maintenance or selection, I may suffer injury or death while using the exercise equipment/facilities.

It is strongly recommended that I undergo a complete physical examination by a qualified physician prior to my use of this equipment. Periodic follow-up examinations are also recommended. I will follow the advice of said physician as it relates to the use of the equipment/facility and to any physical limitations which are known to me, or which may be revealed by such an examination, since such information is vital to reducing the risks involved with the use of this equipment.

COVID-19 and COMMUNICABLE DISEASES (hereinafter, "Disease"): Participation in the Activity contains the risk of exposure to Disease, which cannot be eliminated by Tahoe Donner Association despite the preventative measures put in place by Tahoe Donner Association. **I AGREE** that reducing the risk of exposure to Disease is a responsibility to be shared by guests/participants, including myself, and Tahoe Donner Association. **I AGREE** to read and follow all posted warnings, signs, and guidelines at Tahoe Donner Association related to Disease and to abide by any/all governmental directives which may be in place. **I AGREE** that should I experience any symptoms of Disease (for example, fever, cough, shortness of breath, dizziness, loss of sense of taste and/or smell), or otherwise feel ill, I will refrain from coming to Tahoe Donner Association. **I FURTHER AGREE** to practice physical distancing of at least six (6) feet from other guests/participants, including while in lessons and lines; to wear a face covering over my mouth and nose when in when inside the facility, including while using the gym, locker room and lobby, and to wash/sanitize my hands frequently while at Tahoe Donner Association. **I FURTHER AGREE** to wear a face covering over my mouth and nose while working out, in lines, class, inside the building, including but not limited to: the lobby gym, hallways and locker room.

I FREELY AND VOLUNTARILY assume any/all risks associated with my participation in the Activity, including the risk of exposure to Disease, even if arising from the alleged NEGLIGENCE of Tahoe Donner Association.

I FREELY AND VOLUNTARILY assume all risk of personal injury, death, property damage, and social and economic loss that may occur as a result of my use of this equipment/facility. I hereby release, discharge, and promise not to sue Tahoe Donner Association, its officers, directors, employees, agents, or members for any loss, liability, damage, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property that may result from my use of this equipment/facility.

I agree to indemnify, and save and hold harmless Tahoe Donner Association, its officers, directors, employees, agents, and members from and against any loss, damage, liability, damage, or cost (including reasonable attorney's fees incurred in defending a lawsuit brought by me or on my behalf) they may incur arising out of, or in any way connected with, my use of this equipment/facility.

This agreement shall be binding upon myself, as well as my estate, successors, and assigns.

THIS AGREEMENT SHALL APPLY TO ANY TIME I USE THIS FACILITY AND SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS I REVOKE IT IN WRITING AND GIVE NOTICE OF SUCH TO TAHOE DONNER ASSOCIATION.

I have read and understand this agreement.

Minor's Name: _____ Signature _____ Date _____

Acting as parent or guardian of the above-named minor, I hereby affirm that I have read and understand this agreement, and understand that it is a release of all claims for injury, death, and property damage, and understand and consent to its terms on behalf of myself and on behalf of the minor, and agree to indemnify and save and hold harmless Tahoe Donner Association from any loss, liability, damage, or cost they may incur because of any defect in or lack of capacity to act on the minor's part in executing this agreement.

Parent/Guardian: _____ Signature _____ Date _____