**STMA Activity Center**

**Annual Membership Form**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_ M/F

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

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following for Family Memberships:**

SPOUSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_
Please list ALL children 18 & under and college students (18-21) in your immediate family.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_ /\_\_\_ /\_\_\_\_ M/F NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_ /\_\_\_ / \_\_\_M/F

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_ /\_\_\_ /\_\_\_\_ M/F NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_ /\_\_\_ / \_\_\_M/F

**Annual Membership Package Options (Please Circle)**

**Resident Non-School District 885 Resident**

STMA Student (Ages 13-21) $65.00 $200.00
Adult (Single) $165.00 $325.00
Family $250.00 $450.00
Senior 62+ $75.00 $150.00
Upper Track Only $55.00 $100.00
Upper Track Only-Senior FREE $65.00

 Is this a membership renewal? YES or NO If yes, ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for me and my minor child(ren), if applicable, being allowed to participate in the STMA Activity Center Programs (“Program”), I hereby acknowledge and agree to the following:

**INFORMED CONSENT.** I am sufficiently aware of the content of the Program to understand and consent to the risks involved in participation by me and my minor child(ren), if applicable, in the Program. I understand that my minor child(ren), if applicable, and I will have access, at a minimum, to the fitness/weight room, walking/running track, gym and pool and that activities in these programs are not supervised by STMA staff. I have been given ample opportunity to review this document. I recognize and understand that my participation in this Program has inherent risks, including the potential loss of personal property and the risk of physical injury or death, from the activity itself. I further understand that STMA may not be able to protect each individual participant from negligent or intentional acts by other participants. I also understand that these risks will exist even with careful planning and adequate supervision. Knowing the inherent risks and dangers involved, I wish to participate in the Program.

**I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS OF INJURY, ILLNESS, DEATH, AND PROPERTY DAMAGE OR LOSS, BOTH KNOWN AND UNKNOWN, THAT MAY RESULT FROM**

**PARTICIPATION BY ME OR MY MINOR CHILD(REN), IF APPLICABLE, IN THE PROGRAM UNLESS THEY ARISE FROM STMA’S GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND I ASSUME FULL** **RESPONSIBILITY FOR MY PARTICIPATION, AND THAT OF MY MINOR CHILD(REN), IF APPLICABLE, IN THE PROGRAM.**

**RELEASE AND WAIVER OF LIABILITY**. In consideration for being permitted by STMA to participate in the Program, on behalf of myself and my minor child(ren), if applicable, my personal representatives, heirs, executors, administrators, agents, and assigns, **I HEREBY VOLUNTARILY FOREVER RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SU**E STMA, its Board, officers, directors, employees, agents, representatives, and volunteers (“the Released Parties”), jointly and severally, from any and all liability, including any and all claims, demands, injuries, damages, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys’ fees), arising from any injury, property damage or death that I and my minor child(ren), if applicable, may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE, OR DEATH IS CAUSED BY THE RELEASED PARTIES, UNLESS THE INJURY, DAMAGE, OR DEATH IS CAUSED BY THE RELEASED PARTIES’ GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, DAMAGE, OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES OR LOCATION(S) WHERE THE PROGRAM, OR ANY ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.**

**MEDICAL CONSENT.** I understand and agree that the Released Parties may not have medical personnel available at the location(s) of the Program. In the event of illness or injury, I authorize and give my consent for STMA and its employees, volunteers, or agents to administer and/or secure medical treatment for me and my minor child(ren), if applicable. I agree to be financially responsible for the full extent of such medical treatment and any related transportation. I agree to reimburse STMA for any sums STMA may advance for purchase of goods or services on my behalf in connection with participation in the Program by me and my minor child(ren), if applicable, including but not limited to the costs of medical treatment. I further understand and agree that the Released Parties assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**CERTIFICATION OF FITNESS TO PARTICIPATE.** I attest that my minor child(ren), if applicable, and I am/are physically and mentally fit to participate in the Program and do not have any medical record or history that could be aggravated by participation in the Program.

**RULES AND REQUIREMENTS.** I understand and agree that my minor child(ren), if applicable, and I will abide by the law and all applicable policies, rules, regulations, and instruction of STMA in the conduct of the Program. I understand that failure to do so may result suspension or expulsion from the Program, as well as forfeiture of Program fees.

**I HAVE READ THIS RELEASE AGREEMENT CAREFULLY. I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, ON BEHALF OF MYSELF AND MY MINOR CHILD(REN), IF APPLICABLE, INCLUDING MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST STMA AND ITS BOARD, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, VOLUNTEERS, AND ALL RELATED ORGANIZATIONS. BY SIGNING BELOW, I KNOWINGLY AND VOLUNTARILY ACCEPT THE TERMS AND CONDITIONS STATED ABOVE.**

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF PROGRAM ACCESSIBILITY:** STMA does not discriminate in admission or access to, or treatment in, its programs or activities. All programs or activities offered by STMA, when viewed in their entirety, shall be readily accessible to individuals with disabilities. Information relating to accessibility may be obtained upon request. For further information, contact Doug Birk at STMA, 11343 50th Street NE Albertville, MN 55301 (763) 497-6504 or douglasbi@stma.k12.mn.us.

**OFFICE USE ONLY** Cash:\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_ Credit Card Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Membership\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
BC/BS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_