

**FAMILY FITNESS CENTER**  
**Zoom w/ Santa EVENT REGISTRATION FORM**

*This form must be submitted to the Family Fitness Center front desk prior to the activity registration deadline. Please see individual flyers for specific dates and times. Payment in full is required at time of registration.*

**PLEASE FILL OUT EVERYTHING LISTED BELOW.**

Main Contact Name: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address: (MUST HAVE TO SCHEDULE ZOOM CALL)

**RELEASE INDEMNIFICATION & HOLD HARMLESS:** I hereby recognize and acknowledge that there is inherent hazards and risks connected with certain activities and programs at the West Valley Fitness Center. The undersigned, on behalf of the above-named child/children (1) Knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the West Valley Family Fitness Center Rules and Procedures. The undersigned is aware of the content of the programs and activities of the Center and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Center, to release, defend, indemnify and hold West Valley City, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of West Valley City, its officers, agents, employees or volunteers.

I hereby release and agree to hold West Valley City harmless from, and waive on behalf of myself, my heirs, assigns, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the West Valley City, or that may otherwise arise in any way in connection with any use of parks or other facilities and/or services received from West Valley City. I understand that this release discharges West Valley City from any liability or claim that I, my heirs, assigns, or any personal representatives may have against West Valley City with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any use of parks or facilities and/or services received from West Valley City. This liability waiver and release extends to West Valley City together with all owners, partners, and employees.

The West Valley City Family Fitness Center does not discriminate on the basis of race, color, national origin, gender, age or disability for facility access, services or programs. If you are planning to visit the facility or enroll in a program and, due to a disability, need assistance for facility access or program participation, please notify the Family Fitness Center 48 hours or more in advance and we will try to provide whatever assistance may be required.

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

**Choose the Date & Time Frame for Virtual Visit**  
***3-minute Maximum per visit***

**December 12, 2020**

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1:00-1:15pm  | <input type="checkbox"/> 1:16-1:30pm |
| <input type="checkbox"/> 1:31-1:45pm  | <input type="checkbox"/> 1:46-2:00pm |
| <input type="checkbox"/> 2:01-2:15pm  | <input type="checkbox"/> 2:16-2:30pm |
| <input type="checkbox"/> 2:31- 2:45pm | <input type="checkbox"/> 2:46-3:00pm |

**December 19, 2020**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 4:00-4:15pm | <input type="checkbox"/> 4:16-4:30pm |
| <input type="checkbox"/> 4:31-4:45pm | <input type="checkbox"/> 4:46-4:00pm |
| <input type="checkbox"/> 5:01-5:15pm | <input type="checkbox"/> 5:16-5:30pm |
| <input type="checkbox"/> 5:31-5:45pm | <input type="checkbox"/> 5:46-6:00pm |

**List the First Name of each child on the call.**

**First NAME OF CHILDREN ON CALL:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**OFFICE USE ONLY**

Total: \_\_\_\_\_

Method of Payment: (Circle one)

Cash      Check      Visa      MasterCard      Discover      American Express

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_