

MEMBERSHIP AGREEMENT

MEMBER INFORMATION

Primary Member: _____ Age: _____ Date of Birth: _____ Gender: M F

Primary Member Preferred Electronic Sign-In Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt Phone: _____

Primary Email: _____ Alt Email: _____

Secondary Member: _____ Age: _____ Date of Birth: _____ Gender: M F

Secondary Member Preferred Electronic Sign-In Name: _____

Dependents, under age 18 (or full-time students 18-21) and living in your household, to be added to the membership:

Name: _____ Age: _____ Date of Birth: _____ Gender: M F

Preferred Electronic Sign-In Name: _____

Name: _____ Age: _____ Date of Birth: _____ Gender: M F

Preferred Electronic Sign-In Name: _____

Name: _____ Age: _____ Date of Birth: _____ Gender: M F

Preferred Electronic Sign-In Name: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

MEMBERSHIP OPTIONS

Check Membership Option	Daily	1 Month	6 Month <small>(Paid in Full or Monthly ACH/Bank Draft)</small>	12 Month <small>(Paid in Full or Monthly ACH/Bank Draft)</small>
<input type="checkbox"/> Single	\$5/person	\$35	\$175 (\$29.17/mo)	\$350 (\$29.17/mo)
<input type="checkbox"/> Single +1	\$5/person	\$55	\$275 (\$45.83/mo)	\$550 (\$45.83/mo)
<input type="checkbox"/> Senior Single	\$5/person	\$30	\$150 (\$25/mo)	\$300 (\$25/mo)
<input type="checkbox"/> Senior +1	\$5/person	\$50	\$250 (\$41.67/mo)	\$500 (\$41.67/mo)
<input type="checkbox"/> Student	\$5/person	\$15	\$90 (\$15/mo)	\$180 (\$15/mo)
<input type="checkbox"/> Military	\$5/person	\$15	\$90 (\$15/mo)	\$180 (\$15/mo)

Single: Age 18+ non-student

Single +1: Two people living in the same household. The primary member listed on the Membership Agreement holds the contract and is responsible for payment and all decisions on the account.

Senior Single: Age 62+.

Senior +1: Two people who are both 62+ and living in the same household.

Student: Ages 12-College (must provide college student ID)

Military: Includes current, honorably discharged and retired military. In order to qualify for military status, a military ID must be presented.

RELEASE OF LIABILITY

_____ In consideration of the RMC Bob Holtz Wellness Center (BHWC) granting the participant permission to voluntarily participate in activities/ programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program, both supervised and unsupervised. I acknowledge that I have completed the required orientation. I do hereby release and agree to indemnify, defend and hold harmless the RMC Bob Holtz Wellness Center, their employees, officials, agents and volunteers, present and future, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, now or later discovered, which may result from any negligence or the participant taking part in activities/programs offered by the RMC Bob Holtz Wellness Center at any location that these activities may take place.

_____ I understand that the RMC Bob Holtz Wellness Center utilizes security cameras in the exercise areas but the presence of the cameras is not intended to provide immediate response to any issues that may arise while using the facility.

_____ I understand that the RMC Bob Holtz Wellness Center is not responsible for any lost or stolen articles.

_____ I understand that my privilege to use the RMC Bob Holtz Wellness Center may be revoked if I do not follow the set policies and regulations.

Warning of Risk: Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, pose a substantial risk of injury. You are responsible for determining if you are physically fit for these activities. It is advisable to consult a healthcare provider before undertaking any physical exercise program.

MEMBERS WITH NON-STAFFED HOURS ACCESS (must be 18 years old and older)

Wellness Center access outside of Staffed Hours is reserved for members only. Non-member guests are not allowed to enter the facility outside normal staffed hours. Everyone entering the facility must check in at the Wellness Center desk. If you are found disobeying any terms and conditions and/or sharing your access card with other individuals and/or allowing youth 15 years and under to access the center with your card, we reserve the right to immediately limit or cancel your non-staffed hours access and/or your membership. (See "RMC Bob Holtz Wellness Center Facility Use Policies and Rules" for all policies and rules.)

_____ I accept the non-staffed hours access policies and accept responsibility for anyone I allow into the facility outside normal staffed hours.

_____ I acknowledge that I have received the Bob Holtz Wellness Center Facility Use Policies and Rules and agree to those terms.

_____ I accept all responsibility and liability for my 16-17 year old(s) who are accessing the Bob Holtz Wellness Center during non-staffed hours.

I have read and understand the "Release of Liability", "Members with Non-Staffed Hours Access" as well as "RMC Bob Holtz Wellness Center Facility Use Policies and Rules". My signature below indicates my compliance with all policies and rules of the RMC Bob Holtz Wellness Center.

Primary Member Signature

Date

Minor Member's Legal Representative Signature

Date

Minor Member's Legal Representative Printed Name

Wellness Center Staff Witness Signature

Date