

FITNESS CENTER MEMBERSHIP



Membership Information

Name: _____ Date of Birth: ___/___/___

Address: _____

Email: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact 1: _____ Relation: _____

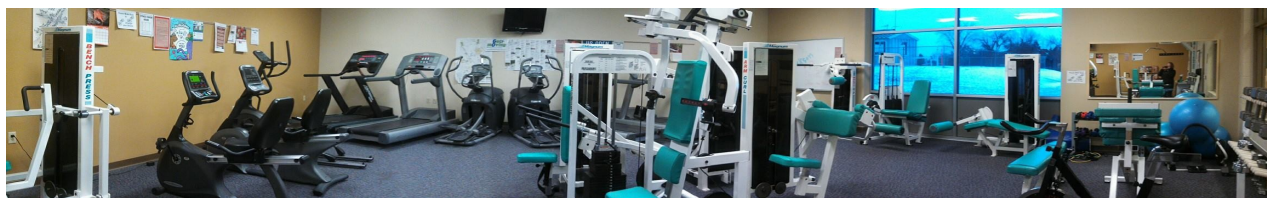
Emergency Contact 1 Phone: (____) _____ - _____

Emergency Contact 2: _____ Relation: _____

Emergency Contact 2 Phone: (____) _____ - _____

Physician Name: _____ Phone: (____) _____ - _____

Preferred Emergency Facility: _____ Phone: (____) _____ - _____



Types of Memberships

Single

* Annual \$120R/\$180NR
* Monthly \$10R/\$15NR

Family

Married couple and children 14+ (with adult supervision).

* Annual \$180R/\$270NR
* Monthly \$15R/\$22.50NR

Student or Senior 60+

Students must show valid student ID.

* Annual \$75R/\$125NR
* Monthly \$6.25R/\$10.50NR

Senior Couple 60+

* Annual \$125R/\$188NR
* Monthly \$10.50R/\$15.75NR

Optum Health

10 digit member number
A0000 _____

Silver Sneakers

16 digit member number
_____ - _____ - _____

ALL FITNESS CENTER MEMBERSHIPS INCLUDE FREE ADMISSION TO ALL OPEN GYM TIMES!!

Family Members

Name: _____ **Date of Birth:** ___ / ___ / ___

Name: _____ **Date of Birth:** ___ / ___ / ___

Name: _____ **Date of Birth:** ___ / ___ / ___

Name: _____ **Date of Birth:** ___ / ___ / ___

Name: _____ **Date of Birth:** ___ / ___ / ___

Name: _____ **Date of Birth:** ___ / ___ / ___

Agreement and Release of Liability

- I/We hereby purchase a Fitness Center membership from the Jackson Joint Parks & Recreation Department for the time period specified on the reverse side of this Agreement. I/We acknowledge that this membership may not be transferred nor cancelled and that payment is due upon enrollment.
- In consideration of being allowed to use its facilities and equipment in addition to the payment of any fee or charge, I/we hereby waive, release and forever discharge the Jackson Joint Parks & Recreation Department, and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liabilities from injuries or damages arising out of or connected with my/our attendance at the Jackson Community Center Fitness Center, participation in all use of equipment or any act or omission, including negligence by Jackson Joint Parks & Recreation Department representatives.
- I/We acknowledge that strength training, flexibility, and aerobic exercise, including the use of equipment, are jointly or individually, potentially dangerous activities. I/We also acknowledge that fitness activities involve a risk of injury or even death, and that I/we am/are voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I/We hereby expressly assume any and all risks of injury or death.
- I/We hereby do further declare myself/ourselves to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my/our participation or use of equipment. I/We do hereby acknowledge that I/ we have been informed of the need for a physician's approval for participation in and recommended that I/we have a yearly or more frequent physical examination and consultation with a physician as recommendations concerning these fitness activities and equipment use. I/We acknowledge that I/we have either had a physical examination and been given a physician's permission to participate, or that I/we have decided to participate in activities and use of equipment with the approval of a physician and do hereby assume all responsibility for participation, activities, and utilization of equipment in my/our activities.
- I/We acknowledge that no smoking or consumption of alcoholic beverages is allowed at the Jackson Community Center. I/ We acknowledge that utilizing the facilities under the influence of alcohol or drugs will result in cancellation of this agreement.
- Jackson Joint Parks & Recreation and the Jackson Community Center will provide a fitness membership card that will need to be swiped for entry into the Fitness Center. I/We acknowledge that supervision is not provided at the facility. I/We acknowledge that use of the membership card by someone else will result in loss of membership.
- I/We acknowledge that this Agreement and Release of Liability constitutes the full agreement with the Jackson Joint Parks & Recreation Department and the Jackson Community Center. The Jackson Joint Parks & Recreation Department makes no warranties or representations, express or implied, other than those set forth in this Agreement. I/We acknowledge that the sole and exclusive remedy in the event of breach of this Agreement by the Jackson Joint Parks & Recreation Department shall be cancellation of this Agreement.
- I/We acknowledge that I/we must comply with all rules and regulations of the Jackson Joint Parks & Recreation Department and the Jackson Community Center and by signing below hereby agree to do so as well as consent to all terms and conditions of this Agreement and Release of Liability as set forth above.

Signature: _____ **Date:** ___ / ___ / ___

Signature: _____ **Date:** ___ / ___ / ___

***SIGN UP TODAY FOR OUR FREE FITNESS MEMBER ORIENTATIONS
WITH OUR CERTIFIED PERSONAL TRAINER!!***