



Name: \_\_\_\_\_

# Healthy Dent County Fitness Center

## MEMBERSHIP APPLICATION

Circle One

<u>Memberships and Daily Options</u>	<u>Standard Rate</u>	<u>20% Discount Rate*</u>
_____ Single Membership (under 65)	\$35.00 Monthly	\$28.00 Monthly
_____ 2 Member Household (under 65) _____ (Additional family members \$10 each)	\$52.00 Monthly	\$41.60 Monthly
_____ Senior (65+) Single Membership per person	\$30.00 Monthly	\$24.00 Monthly
_____ Senior (both 65+) 2 Member Household _____ (Additional family members \$10)	\$47.00 Monthly	\$37.60 Monthly
_____ 24-Hour Access per person (must be 18)	\$10.00 Monthly	
_____ Total Number of 24 Hour Passes		

**Total Amount:** \_\_\_\_\_      Card \_\_\_\_\_      Cash \_\_\_\_\_      Check \_\_\_\_\_

In the event that membership dues are not paid, membership would be considered delinquent and membership privileges would be suspended.

\* For 20% discount, members must complete authorization agreement form for membership dues to be paid by recurring credit card or automatic bank withdrawal.

**TO COMPLETE APPLICATION TURN OVER →**

# Healthy Dent County

## Fitness Center

### MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

#### Membership/24 Hour Access

- I acknowledge no volunteer/staff members will be on duty after hours.
- 24-Hour access entitlement can be used only by myself.
- I agree to wipe down equipment before and after usage.

#### Check to acknowledge and agree to the terms below:

- I understand codes are for paying members only.
- I will not allow others to use my code.
- I will not allow others to enter the facility without paying the daily rate \$10.00.
- I will not prop the doors open that allows unpaid members to enter.
- I will always use the sign in sheet when entering the cardio/weight room, or gymnasium.

#### If the above events happen, I acknowledge that:

- I understand my code will be deactivated.
- I will be held responsible to pay the daily fees for my guests.
- I am fully responsible for any damages to the facility.

By signing this, I acknowledge I have read and agree to the terms stated above.

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

HEALTHY  
DENT COUNTY  
Where Health, Education and Community Meet

# Healthy Dent County Fitness Center

## AUTHORIZATION AGREEMENT PRE-ARRANGED RECURRING PAYMENTS

I(we) authorize Healthy Dent County Fitness Center to initiate debit entries to my(our) Checking, Savings, or Credit Card account at the financial institution named below. To debit the same such account, I(we) acknowledge that the origination of transactions to my(our) account must comply with the provisions for U.S. law.

\_\_\_\_\_ Bank Draft

\_\_\_\_\_ Recurring Credit Card

\_\_\_\_\_  
(Financial Institution Name & Address)

\_\_\_\_\_  
(Name on Card)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Card Number)

\_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(CV)

\_\_\_\_\_  
(Expiration Date)

\_\_\_\_\_  
(Savings)

\_\_\_\_\_  
(Checking)

**Total Debit Amount:** \_\_\_\_\_ **First Draft Date:** \_\_\_\_\_ **Prorate Total:** \_\_\_\_\_

I agree to pay the first pro-rated payment of the draft membership. I prefer my memberships be drafted on the \_\_\_\_\_ of each month. ACH is only available for the **1st** or **15th** of each month.

**This authority is to remain in full force and effect until Healthy Dent County Fitness Center has received written notification. AUTOPAY CANCELATIONS: Written request for termination must be done at least 30 days prior to the draft date. I understand NO REFUND will be issued to any unused portion of my membership.**

### Responsible Party

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Billing Address)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Authorization Signature)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(24 Hour Code)

### Additional Family Members

\_\_\_\_\_  
(Family Member)

\_\_\_\_\_  
(24 Hour Code)

\_\_\_\_\_  
(Family Member)

\_\_\_\_\_  
(24 Hour Code)

\_\_\_\_\_  
(Family Member)

\_\_\_\_\_  
(24 Hour Code)

\_\_\_\_\_  
(Family Member)

\_\_\_\_\_  
(24 Hour Code)

**Consent and Release:**

You acknowledge and agree that this program does not provide, and is not intended as a replacement for professional medical evaluation, advice, diagnosis, or treatment. The Fitness Center Program recommends that you consult with your physician or other healthcare provider for those services.

**Privacy Statement:**

The Fitness Center Program treats personally identifiable information as confidential. This includes name, address, financial, and any health information about you. With the exception of your physician, we will not share any identifiable information with anyone, unless authorized to do so by you. We may use and share aggregate or statistical information with third parties. This group data will not contain personally indefinable information.

**Member Waiver and Release:**

The Fitness Center recommends a physical examination from a doctor before using any exercise equipment or participation in any exercise class. All exercise, training, and/or instruction, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercise shall be at the member's sole risk. Member understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be member's entire responsibility, and the Fitness Center shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to member's person or of the services, facilities, and premises of the program. Member hereby holds the Fitness Center, its officers, owners, agents, and employees or volunteers harmless from all claims which may be brought against them by member's behalf for any such injuries of claims.

**Waiver of Future Negligence:**

Member specifically waives any claim against the Council for a Healthy Dent County, the Fitness Center, its officers, directors, agents, employees or volunteers, for any negligent or allegedly negligent act which they may commit or allegedly commit or which may occur or result from any omission or failure to act, in providing services, equipment, training, or any other thing as a part of the Fitness Center's activities or act or on its premises or resulting from any condition thereon. No such claim shall be permitted, filed, or made and enforced by any court. Member acknowledges that the availability of and access to this program and its facilities and equipment constitutes adequate consideration for this waiver, notwithstanding any fees paid by member to said program for said availability and access.

**Liability of Damage:**

Member acknowledges and is aware that if any equipment or property is damaged, it is the member's responsibility to inform the staff. Member understands that they may be charged for any damages that occurred that are a direct result of misuse or carelessness.

**Right to Refuse Service Policy:**

To maintain a high standard of service and provide a safe work environment for its employees, volunteers, and members, Healthy Dent County Fitness Center reserves the right to refuse or discontinue a fitness center membership. Service may be denied to any client who acts inappropriately by disrupting the normal provision of services, or if a client's behavior threatens the safety of the Healthy Dent County Fitness Center employees, volunteers, or members. Inappropriate behavior includes but is not limited to the following: demands outside the scope of usual services, threatening or erratic behavior, inappropriate verbal or physical contact, personally threatening and offensive or profane language. Healthy Dent County Fitness Center can exercise the right to refuse service when confronted by a client acting inappropriately or when facing an unsafe situation. They will notify their supervisor of the situation immediately.

Healthy Dent County may send Fitness Center updates via text message and e-mail. There will be an opportunity to opt-out of these messages upon receipt.

Please be advised that the Fitness Center is closed circuit camera surveillance and recording. This is to ensure everyone's safety.

By signing this membership application, I hereby agree to the Healthy Dent County Fitness Center terms for membership, as well as, accept liability should my negligent or willful behavior constitute damage to the Salem Community Center @ the Armory facility and/or equipment.

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)