



# Fitness Membership Agreement

**PRIMARY ACCOUNT HOLDER INFORMATION:** Date of Enrollment: \_\_\_\_\_ Enrolled By: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Ph: \_\_\_\_\_ Cell Other

Alternate Ph: \_\_\_\_\_ Cell Other

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Additional Members: 1) \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Relation \_\_\_\_\_

2) \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Relation \_\_\_\_\_

3) \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Relation \_\_\_\_\_

## Payment Information (check which one you choose):

**Auto Deduct:** This will result in your monthly membership fee being charged to your account each month automatically. Signing up for auto deduct saves you money on your monthly membership fee and you can be cancel at any time. **Cancel at any time by filling out a Pass Cancellation Form and submitting to front desk.**

**Month to Month:** This option requires you to come in or call in each month to pay your monthly membership fee. Choosing the month to month payment option results in a higher monthly membership fee.

**Cooperate Wellness:** This option is only available if your employer participates in our Cooperate Wellness Program. Eligibility needs to be verified by the front desk.

## Terms and Conditions

I have received a copy of the terms and conditions of my fitness membership agreement. \_\_\_\_\_ **(Initial)**

I acknowledge and agree to the terms and conditions. \_\_\_\_\_ **(Initial)**

## Waiver

The parties to this agreement do hereby mutually agree to release, indemnify and hold harmless each other, from and against all liability for bodily injury (including death), damage to property, personal injury, claims, demands, losses, damages, cost and expenses (including attorney's fees), and lawsuits arising from, rental, participation, and use of any Willamalane Park and Recreation District facility/amenity/program, which are all subject to this agreement. Each party shall agree to accept the full responsibility for their own negligence and actions.

Signature (Parent/Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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### Office Use Only

#### Membership Type:

ALL ACCESS BKC EMP CORP SEN OPT SS S&F OTHER\_\_\_\_\_