



MEMBERSHIP AGREEMENT

Please check one:

Resident 55+ Community Member Employee

Name (print): _____

Date: _____

Address: _____

Key Fob #: _____

Phone: _____

Emergency Contact:

Name: _____

Phone: _____

Address: _____

Relationship: _____

Membership Agreement:

_____ I understand that my key fob serves as my Wellness Center Membership Card and is required for admittance each time I visit. I also understand that should I misplace the card, a \$5.00 fee will be charged and paid before I am allowed to continue using membership at the Wellness Center.

_____ I understand that admittance to the Wellness Center requires exercise attire (clean gym clothes, socks and sneakers). I also understand that food may not be brought in and beverages must be in a closed container.

_____ I agree to demonstrate care in the usage of all equipment in the Wellness Center and understand that I may not bring in any outside/personal exercise equipment. I also understand that it is my responsibility to clean and put away equipment after each use.

_____ I have read, understand, and agree to abide by the Rules and Regulations of the Wellness Center as presented to me today. I also understand that my membership may be suspended or terminated at the discretion of Wellness Center management.

Responsible Party Signature

Date