



MEMBERSHIP AGREEMENT

MEMBER INFORMATION

Primary Member: _____ Age: _____ Date of Birth: _____ Gender: M F O
 Secondary Member: _____ Age: _____ Date of Birth: _____ Gender: M F O
 Address: _____ City, State, Zip: _____
 Primary Phone: _____ Alt Phone: _____
 Primary Email: _____ Alt Email: _____
 Dependents, under the age of 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 O
 Name: _____ Age: _____ Date of Birth: _____ Gender: M F O
 Name: _____ Age: _____ Date of Birth: _____ Gender: M F O
 Name: _____ Age: _____ Date of Birth: _____ Gender: M F O
 Name: _____ Age: _____ Date of Birth: _____ Gender: M F O

EMERGENCY CONTACT INFORMATION

Name 1: _____ Name 2: _____
 Relationship: _____ Relationship: _____
 Phone: _____ Phone: _____

MEMBERSHIP OPTIONS

<i>Sales Tax is not Included</i>	1 Month	3 Month <i>(Paid in Full)</i>	12 Month <i>(Monthly Bank Draft)</i>	12 Month <i>(Paid in Full)</i>
Single	\$43	\$111 (\$37/mo)	\$384 (\$32/mo)	\$366 (\$30.50/mo)
Single + 1	\$54	\$144 (\$48/mo)	\$516 (\$43/mo)	\$489 (\$40.75/mo)
Family	\$70	\$192 (\$64/mo)	\$708 (\$59/mo)	\$672 (\$56/mo)
Senior Single	\$37	\$96 (\$32/mo)	\$324 (\$27/mo)	\$306 (\$25.50/mo)
Senior + 1	\$43	\$111 (\$37/mo)	\$384 (\$32/mo)	\$366 (\$30.50/mo)
Youth/Military	\$37	\$96 (\$32/mo)	\$324 (\$27/mo)	\$306 (\$25.50/mo)

Single – Any individual 18 years of age or older.

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.

Family – Up to two adults and their dependent children under the age of 18 and living in the same household. Dependents 18-21 must be a full-time student and a student ID must be presented.

Senior Single (62 yrs+) – An individual 62 years of age or older.

Senior + 1 – Two people who are both 62 years of age or older and living in the same household.

Youth/Military – Youth is an individual between the ages of 11-17. Military status includes current, honorably discharged, and retired military. To qualify for military status, a military ID must be presented.

RELEASE OF LIABILITY

In consideration of the Lester Buresh Family Community Wellness Center granting the participant permission to participate in activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program. I do hereby release and agree to indemnify, defend, and hold harmless the Lester Buresh Family Community Wellness Center, the City of Mount Vernon, 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, know or later discovered, which may result from any negligence or the participant taking part in activities/programs offered by the Lester Buresh Family Community Wellness Center at any location that these activities may take place. **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 physician before undertaking any physical exercise program.

I have read and understand the "Release of Liability" as well as "LBC Facility Use Policies and Rules". My signature below indicates my compliance with all policies of the LBC.

Primary Member Signature: _____ Date: _____

Secondary Member Signature: _____ Date: _____

MEMBERS WITH 24/7 ACCESS (must be 18 years old and older)

24/7 access is reserved for members only. Non-member guests are not allowed to enter the facility outside normal business hours. Everyone entering the facility must check in with their membership card at the barcode scanner located at the welcome desk. If you are found disobeying any terms and conditions and/or sharing your access card with other individuals and/or allowing youth 17 years and under to access the center with your card, we reserve the right to immediately limit or cancel your 24/7 access and/or your membership. (See "LBC Facility Use Policies and Rules" for all 24/7 policies)

___ I accept the 24/7 access policies and accept responsibility for anyone I allow into the facility outside normal business hours.

Member's Name (must be at least 18 years old)	24/7 Access Card # <i>(office use only)</i>

CANCELLATION/CHANGE POLICY

A \$15 cancellation fee may apply to 3-month memberships if cancelled prior to the 3-month term. A \$100 cancellation fee may apply to 12-month memberships if cancelled within the first 6 months and a \$50 fee may apply if cancelled after 6 months. Early cancellation may be approved if due to loss of employment, medical condition, or relocation. All cancellations must be completed by filling out and submitting our Membership Cancellation Form. Cancellations must be made by the 20th of the month to be effective the following month. **Fee Return Policy:** If we receive up to two dishonored electronically billed monthly fee returns, we will cancel the membership. No future billing accounts will be allowed. We will only allow prepaid memberships once this occurs.

A change fee of \$20 may apply to changes to the type or term of membership if the change is made prior to the ending date of the membership.

___ I accept the cancellation/change policies.

___ The LBC has permission to use photographs of me and/or my family members for advertising and publicity.

Office use only: Check # _____	Check Amount _____	Check Date _____	EFT Auto Pay Form _____	Staff Initial:
Credit Card _____	Card # (last 4) _____	Expiration _____	Payment Date _____	
Cash Amount _____	Cash in Date _____	Discount _____		