



GILA REGIONAL

Billy Casper Wellness Center

# WELLNESS CENTER MEMBERSHIP AGREEMENT

300 E. 16th Street, Silver City, NM 88061 575-538-4844. FAX 575-538-4806

**PRIMARY MEMBER** (Please print)

|   |                    |                  |         |      |
|---|--------------------|------------------|---------|------|
| 1 | Name:              | Date of Birth:   |         |      |
|   | Mailing Address:   | City/State:      |         | Zip: |
|   | Home Phone:        | Cell Phone:      | E-mail: |      |
|   | Work Phone:        | Employer:        |         |      |
|   | Emergency Contact: | Emergency Phone: |         |      |

**ADDITIONAL MEMBERS**

Classified as domestic partner or children under age 26 (25 and younger); must live in same household as Primary Member.

|   |                    |                  |         |      |
|---|--------------------|------------------|---------|------|
| 2 | Name:              | Date of Birth:   |         |      |
|   | Address:           | City/State:      |         | Zip: |
|   | Home Phone:        | Cell Phone:      | E-mail: |      |
|   | Work Phone:        | Employer:        |         |      |
|   | Emergency Contact: | Emergency Phone: |         |      |

|   |                    |                  |         |      |
|---|--------------------|------------------|---------|------|
| 3 | Name:              | Date of Birth:   |         |      |
|   | Address:           | City/State:      |         | Zip: |
|   | Home Phone:        | Cell Phone:      | E-mail: |      |
|   | Work Phone:        | Employer:        |         |      |
|   | Emergency Contact: | Emergency Phone: |         |      |

|   |                    |                  |         |      |
|---|--------------------|------------------|---------|------|
| 4 | Name:              | Date of Birth:   |         |      |
|   | Address:           | City/State:      |         | Zip: |
|   | Home Phone:        | Cell Phone:      | E-mail: |      |
|   | Work Phone:        | Employer:        |         |      |
|   | Emergency Contact: | Emergency Phone: |         |      |

|   |                    |                  |         |      |
|---|--------------------|------------------|---------|------|
| 5 | Name:              | Date of Birth:   |         |      |
|   | Address:           | City/State:      |         | Zip: |
|   | Home Phone:        | Cell Phone:      | E-mail: |      |
|   | Work Phone:        | Employer:        |         |      |
|   | Emergency Contact: | Emergency Phone: |         |      |

FOR OFFICIAL USE ONLY PLEASE VERIFY MEMBERSHIP TYPE: \_\_\_\_\_

| MEMBER-SHIP TYPE                | MEMBER # | START DATE | INITIAL FEE | MONTHLY RATE | PRORATE AMOUNT | DUE AT SIGNING | AUTO RENEW | TERM # MONTHS | EXPIRES |
|---------------------------------|----------|------------|-------------|--------------|----------------|----------------|------------|---------------|---------|
| Platinum (All)                  |          |            |             |              |                |                | YES / NO   |               |         |
| Gold - Pick 2 (Please verify)   |          |            |             |              |                |                | YES / NO   |               |         |
| Silver - Pick 1 (Please verify) |          |            |             |              |                |                | YES / NO   |               |         |

Membership will auto renew every month unless termination form turned in. Initials \_\_\_\_\_

|                                                                                                                     |                                           |                                                           |                                                   |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|
| METHOD OF PAYMENT AT SIGNING                                                                                        | <input type="checkbox"/> Cash             | <input type="checkbox"/> Check # _____                    | <input type="checkbox"/> VISA                     |
|                                                                                                                     | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover                         | <input type="checkbox"/> MasterCard               |
| METHOD OF FUTURE PAYMENTS                                                                                           |                                           |                                                           |                                                   |
| <input type="checkbox"/> Paid in Full                                                                               | <input type="checkbox"/> Invoice          | <input type="checkbox"/> EFT (see EFT Authorization Form) | <input type="checkbox"/> Corporate Payroll Deduct |
| I agree to pay The Billy Casper Wellness Center according to the terms and conditions of this membership agreement. |                                           |                                                           |                                                   |
| Primary Member Signature _____                                                                                      |                                           | Date _____                                                |                                                   |
| Wellness Representative Signature _____                                                                             |                                           | Date _____                                                |                                                   |

\*Would You like a General Exercise Introduction? YES ☐ NO ☐ Scheduled Date: \_\_\_\_\_

**Assumption of Risk and Release of Liability**

The Billy Casper Wellness Center urges all members to obtain a physical examination from their physicians prior to the use of any exercise equipment or participating in any exercise class. In recognition of the possible dangers connected with any physical activity, I hereby and voluntarily waive my right or cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to The Billy Casper Wellness Center, Gila Regional Medical Center, their Board of Trustees, agents, employees, staff members, officers, directors, partners, contractors, instructors, trainers, or members (collectively the “Released Parties”).

I understand that all exercise and participation is done at my own risk and that of my guests and therefore I shall not hold The Released Parties liable for any damages arising from personal injuries sustained by me and/or my guests in or about the premises. I assume full responsibility for any injuries or damages which may occur to me in, on, or about the premises, and I do hereby fully and forever release and discharge The Released Parties from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be know or unknown, anticipated, resulting from or arising out of my use or intend use of the said facilities and equipment thereof.

I represent myself, and/or my minor child(ren), to be physically capable of participating in The Billy Casper Wellness Center programs and activities and understand that The Billy Casper Wellness Center has no obligation or duty to conduct a physical exam before I, or my minor child(ren) use the facility.

I release The Billy Casper Wellness Center and additional Released Parties from any injury arising from its good faith acts or omissions in emergency situations.

**I represent that I am over the age of 18 or a parent/guardian of the minor(s) named below, and agree that this assumption and release binds me and the minor(s) of all of its terms.**

|                                                  |                         |                    |
|--------------------------------------------------|-------------------------|--------------------|
| <b>Name:</b> _____<br>(or Parent/Legal Guardian) | <b>Signature:</b> _____ | <b>Date:</b> _____ |
| <b>Name:</b> _____                               | <b>Signature:</b> _____ | <b>Date:</b> _____ |
| <b>Name:</b> _____                               | <b>Signature:</b> _____ | <b>Date:</b> _____ |
| <b>Name:</b> _____                               | <b>Signature:</b> _____ | <b>Date:</b> _____ |
| <b>Name:</b> _____                               | <b>Signature:</b> _____ | <b>Date:</b> _____ |

**Please be sure to initial the following information:**

**Initial**\_\_\_\_ **Termination Policy:** The member understands that **to terminate a membership, notice must be submitted five days prior to billing**, which occurs the first of the month. The initial fee is non-refundable. Furthermore, member understands that should their account balance become more than 60 days past due, The Billy Casper Wellness Center may terminate the membership. Medical or emergency related terminations may be given special consideration. (Does not apply to FMI employees)  
**Initial**\_\_\_\_ **Suspension Policy:** A \$10.00 non-refundable charge is required at time of suspension submission. Must be present to suspend (no call-ins). Memberships may be suspended for a minimum of 1-month and a maximum of 6-months. **Notice must be submitted five days prior to billing**, the first of the month and *prior to leaving*. **All membership dues must be paid in full before members can suspend account.** (Does not apply to FMI employees)  
**Initial**\_\_\_\_ **Swipe Cards:** Cards **must** be used to swipe in prior to entering and are not transferable to any other person. There is a \$2.00 replacement fee if lost or stolen. The first time you use the card, wellness staff will take your picture identifying you to your card ID number.

**Amending of Rules:** The Billy Casper Wellness Center reserves the right to amend or add to these conditions as it deems necessary.  
**Unavailability of Facility or Services:** I agree to accept the fact that a particular facility or service in the premises may be unavailable at any particular time due to mechanical breakdown, fire, act of God, loss of lease, catastrophe, bi-yearly maintenance of the facility or any other reason. Further, I agree not to hold The Billy Casper Wellness Center/ Gila Regional Medical Center responsible or liable for such occurrences.  
**Damage to Facilities:** I agree to pay for any damages I, my family, or my guests may cause to the facilities through careless or negligent use.  
**Other Conditions:** The Billy Casper Wellness Center reserves the right to increase fees at any time. Members will be given a 45 day notice of any increase. Membership fees under a current contractual term obligation will not be affected for the duration of the contractual obligation.

- **Children** ages 1-5 may use the pool at no cost but must be accompanied by a parent or guardian AT ALL TIMES.
- **Children** under the age of 12 are not permitted to use the gym or participate in group fitness classes.
- **Children** ages 12-15 may use the facility if they are accompanied by a parent or guardian over the age of 18 AT ALL TIMES.
- **Children** ages 6-15 may use the pool if they are accompanied by a parent or guardian over the age of 18 AT ALL TIMES.
- **Teenagers** ages 16-17 may use the facility without a parent or guardian. They may be the primary member of an account only if a legal parent or guardian pay's for the membership through EFT and sign’s the release of liability at the top of this form, ***no exceptions***.
- **Swim diapers** are required for any individual that does not have bowel and/or bladder control.
- Temporary lockers are available on a first-come, first-serve basis. Please remove all contents from the locker on a daily basis.
- Please clean equipment after each use with spray bottles and paper towels provided.
- No food or drinks in the exercise area, with the exception of water and/or sports drinks. All bottles **MUST** have lids. No cups allowed.
- **Appropriate clothing is required while using the facility:**
  - Gym and Group Exercise:** cotton shirts, shorts, warm-ups, sports shoes, tank tops or sports bras, closed toed shoes are required at all times, men must wear a shirt at all times.
  - Pool:** aquatic shoes are mandatory, no street shoes are allowed.
    - Men:* shorts or trunks, **no cut off jeans or torn shorts** in pool area.
    - Women:* Bathing suits required, **no cut off jeans or torn shorts**. T-Shirts and shorts are acceptable.
- Members may only use pool during designated hours.
- **No lap swimming in pools.**
- **All pool members are required to take a *cleansing* shower prior to entering pool.**

***TOWELS ARE NOT PROVIDED FOR MEMBERS USING THE POOL OR GYM FACILITIES***

**BCWC is committed to a family atmosphere.**

**Harassment of any kind, aggressive behaviors, and/or abusive language will *NOT* be tolerated.**

***BCWC reserves the right to suspend or terminate any membership if any of the above infractions are violated.***

**I have read and understand the above listed conditions:**

|                                  |            |                                  |            |
|----------------------------------|------------|----------------------------------|------------|
| Primary Member Initials _____    | Date _____ | Additional Member Initials _____ | Date _____ |
| Additional Member Initials _____ | Date _____ | Additional Member Initials _____ | Date _____ |
| Additional Member Initials _____ | Date _____ | Additional Member Initials _____ | Date _____ |