

Knox County Community Center Fitness Membership Form

Primary Member

First Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Phone: _____ Email: _____

Emergency Contact (relationship): _____ Phone: _____

Family Membership Information

Please provide information for each authorized family member. Each family member must fill out separate PAR-Q forms. Family is up to 8 immediate family members under one roof.

First Name: _____ Last Name: _____ Date of Birth: _____

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Membership Options *(Ask about our automatic monthly withdrawal plan!)*

Memberships	1 year	6 Months	3 Months	1 Month	1 Day
Family	\$387.81 (\$32.32)	\$226.22 (\$37.70)	\$129.27 (\$43.09)	\$48.48	\$5.00
Individual	\$258.54 (\$21.55)	\$161.58 (\$26.93)	\$96.95 (\$32.32)	\$37.70	\$5.00
*Student	\$129.27 (\$10.77)	\$80.79 (\$13.47)	\$48.48 (\$16.16)	\$21.55	\$5.00
*Senior	\$232.68 (\$19.39)	\$145.43 (\$24.24)	\$87.26 (\$29.09)	\$33.93	\$4.50

* Student is K-12 or college student with school ID. Senior is 62 and over. Amount in “()” is cost per month.

Office Use only:

To insure that all Knox County Community Fitness Center members have an enjoyable and safe experience, we ask that you follow all of the policy's set forth.

- 1) Hours of Operation: 24 hours a day/7 days a week.
- 2) KCCC helps promote healthy lifestyles; therefore, Tobacco products, Drugs, and Alcohol are NOT permitted inside the Fitness Center
- 3) All Users of the facility must have a valid membership or daily pass. **NO FREE GUESTS.** If you are caught bringing guests into the facility you will be automatically billed for their entry.
- 4) Do not loan or allow anyone to borrow your access card. Memberships are non-transferable.
- 5) Please make sure the door is completely closed when you enter and leave the facility. Do not block the door open or prevent the door from completely locking shut in any way.
- 6) Individuals with health problems should never exercise alone and should be cleared by his or her physician prior to beginning an exercise regimen.
- 7) All equipment must be left in good condition and in its proper location.
- 8) Clean all equipment after each use. Cleaning towels and spray are available for you to use.
- 9) Any damaged equipment should be reported immediately. If the equipment is damaged through improper use, you will be liable for repair or replacement costs and you may receive further membership sanctions.
- 10) You must wear appropriate clothing. **No street shoes** are allowed to be used while exercising. Shirts and closed toe shoes are required.
- 11) Surveillance cameras are in use for your protection.
- 12) KCCC is not responsible for lost or stolen items. Valuables are best left at home or not brought into the fitness center at all.
- 13) KCCC reserves the right to terminate a membership immediately without notification or refund if Member fails to keep and obey any such rules and regulations, or for reasons of nuisance, disturbance of other members or staff, moral turpitude or fraud.
- 14) Membership rates, program fees, and policies and procedures are subject to change.
- 15) Children must be 16 years old to use the fitness center without being accompanied by an adult (18 years or older).
- 16) There will be a cancellation fee of 30% of remaining balance if membership is cancelled before term is over.
- 17) Users of the facility must use the equipment and programs offered in a manner appropriate to their own physical conditions and limitations.
- 18) Two access cards are provided with a family membership and one access card is provided with an individual membership. Any lost or extra cards will be a charge of \$10.00.

Waiver and Release Form

I (we) on behalf of myself and my heirs, executors, administrators, guardians and assigns, and in consideration of my participation and use of the services, equipment and facilities offered by Knox County Community Center, hereby execute this Liability Waiver and Release of All Claims. I understand that by signing this agreement, I am waiving my rights and/or the rights of my minor child/ward to all claims for injuries and damages I or my minor child/ward might sustain and I agree to indemnify, hold harmless and defend Knox County Community Center for all such claims and damages. I (we) recognize and acknowledge that there are certain risks of physical injury to participants and damage to or loss of personal property from the use of the services, equipment and facilities offered by Knox County Community Center. These programs include but are not limited to cardio equipment, weight machines, treadmills, and other forms of physical activity. I fully agree to assume the risk and responsibility of any such injuries, damages, or loss regardless of severity which I, or my child, may sustain as a result of said

activities. I waive and relinquish all claims my child or I may have against Knox County Community Center it's shareholders, officers, agents, servants, and/or employees as a result of participation in said activities. I hereby fully release and discharge Knox County Community Center, it's shareholders, officers, agents, servants, and/or employees from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child in any of the activities/services offered. I further agree to indemnify, hold harmless, and defend Knox County Community Center, it's shareholders, officers, agents, servants, and/or employees from any and all claims resulting from injuries, damages, or losses sustained by me or my child and arising out, connected with, or in any way associated with the activities of any services or programs offered here.

I am aware of the risks of participation and use of the services, equipment and facilities of Knox County Community Center, which include but are not limited to the possibility of injury, death, sprained muscles and ligaments, broken bones, fatigue and other injury. I understand that it is my responsibility to consult with my own physician with respect to engaging in physical activities. I further represent that I and/or my minor child is/are in such physical condition as to accept and tolerate the level of physical activity involved. My participation and use of the services, equipment and facilities of Knox County Community Center is voluntary and I freely choose to participate, notwithstanding any medical condition I may have.

In the event of any emergency, I authorize Knox County Community Center, without liability and in their sole and absolute discretion, to secure emergency assistance from any licensed hospital, physician, and/or medical or rescue personnel for any treatment or services deemed reasonable and necessary for my or my minor child's immediate care and agree that I will be responsible for payment of any and all such medical, professional and emergency services and assistance.

I agree that I understand the risks of exercise, have no known physical limitations that would be made worse by exercise, have fully read, understand and agree to the terms and conditions.

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

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_____ Date: _____