



**APPLICATION FOR
MEMBERSHIP**

Join Date _____
 Member Type _____
 Amount Paid _____
 Staff Initial _____

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Work Phone _____ Birthday _____
 Male Female Marital Status _____ Birthday _____
 Email address _____ Employer _____
 Emergency Contact (Name and Phone Number) _____

GYM MEMBERSHIP TYPE:

INDIVIDUAL: 12 month contract _____ Prepaid (3,6,12) _____ Month _____
 FAMILY: 12 month contract _____ Prepaid (3,6,12) _____ Month _____
 STUDENT: Spring Semester _____ Summer _____ Fall _____
 Employee: Campus _____ H Number _____ Other: _____ Ivey's _____

FAMILY MEMBERS:

FAMILY MEMBER 1	NAME (first & last):	SEX:	BIRTHDAY:	RELATIONSHIP TO MEMBER:	PHONE:
	EMPLOYER/SCHOOL:	EMAIL:			
FAMILY MEMBER 2	NAME (first & last):	SEX:	BIRTHDAY:	RELATIONSHIP TO MEMBER:	PHONE:
	EMPLOYER/SCHOOL:	EMAIL:			
FAMILY MEMBER 3	NAME (first & last):	SEX:	BIRTHDAY:	RELATIONSHIP TO MEMBER:	PHONE:
	EMPLOYER/SCHOOL:	EMAIL:			
FAMILY MEMBER 4	NAME (first & last):	SEX:	BIRTHDAY:	RELATIONSHIP TO MEMBER:	PHONE:
	EMPLOYER/SCHOOL:	EMAIL:			

WAIVER OF LIABILITY AGREEMENT

I understand that Holmes Healthplex's activities have inherent risk and I hereby assume all risks and hazards incident to my participation in all Holmes Healthplex activities. I further waive, release, absolve, indemnify, and agree to hold harmless Holmes Healthplex, the organizers, volunteers, supervisors, officers, participants, as well as persons or parents transporting participating to and from activities from any claims or injury during my participation in Holmes Healthplex activities. I also certify that all information in this form is correct and understand that any false information supplied will result in termination of membership.

Signature _____ Date _____



24-HOUR RULES AND LIABILITY WAIVER

I, the undersigned, have been notified that there will be no one on the premises outside the office hours, Monday through Friday. I understand the possible risks associated with working out with no trained staff members on hand for assistance. I, fully and voluntarily, assume complete responsibility for those risks and for the injuries that may occur as a result of those risks, even if injuries occur in a manner that is not foreseeable at the time I signed this agreement. In consideration of my using and observing the facility, I, the undersigned, agree to release all form of liability, discharge, and promise not to sue. Hours are subject to change.

Initials _____

I, the undersigned, understand that I and I alone, am allowed to use my card. I am not to loan my card to anyone, even if I know they have 24-hour membership privileges at the facility.

Initials _____

I, the undersigned, understand that I am not to bring anyone who does not have 24-hour access into the gym after hours. I also understand that I am not to allow someone in the facility just because they say they have 24-hour access. There is a three-strike penalty policy for allowing in non-24-hour members. The first instance will result in the undersigned being charged \$50 per person they allow in the facility, payable to the Healthplex. The second instance will result in the undersigned having their 24-hour privileges suspended for one month and a penalty of \$50 will be added to the payment for the month (the undersigned agrees that they are still responsible for their membership fees for that month). If they choose to have them reinstated, a third time will result in the undersigned member losing all membership privileges permanently.

Initials _____

I, the undersigned, understand that at NO TIME and for NO REASON am I to go behind the desk area or reach over the top of the desk. I understand that a phone will be available in case of an emergency, as well as towels, and a first aid kit. I understand that there is no reason to go behind the desk and that doing so will result in an immediate third strike, and 24-hour privileges will be terminated permanently.

Initials _____

I, the undersigned, understand that I alone am responsible for my actions in the facility during after-hours. I am responsible for any damages I do to the facility or its equipment while working out. I understand that I will be responsible for reimbursement of any damages that occur during normal usage of the facility or equipment.

Initials _____

I, the undersigned, have read and initialed all of these statements certifying I am taking sole responsibility for my skills and actions. I have full knowledge of the nature and extent of the risks inherent in using the facility and equipment. I have initialed these with the knowledge that Holmes Healthplex has taken careful and extensive measure to prevent accidents, injuries, losses, damages, and there are numerous other skills and inherent risks than those listed above. I acknowledge that I have competence in the basic skills necessary to use the facilities, and I am relieving Holmes Healthplex of any and all liability for injuries, damages, or losses to myself, or other person, and Holmes Healthplex. I have read this statement thoroughly and agree to the terms, no oral representations, statements, or inducements have been made to me that change, alter, or modify anything within the written agreement.

I have received a copy of rules and regulations and liability.

Initials _____

Name _____ Signature _____ Date _____

To be read and signed by parent/guardian of a minor

I hereby state that I am the parent or guardian of the minor whose signature appears above. I have read the above liability form, and I am familiar with, and consent to the terms and provisions set forth in this release.

Parent/Guardian's Name _____

Signature _____ Date _____