SALEM FITNESS CENTER
MEMBERSHIP APPLICATION

Name _____ Date of Birth _____ Age_____

Address _____ Home Phone _____

Work Phone _____ Emergency Contact Phone _____

Email address _____ Employer_____

Physician _____ Physician Phone Number _____

CONSENT AND RELEASE:
The Salem Fitness Center will give you general health education information to help you in making informed decisions about healthcare and to help you in consulting with your physician or other health care providers. You acknowledge and agree that this program does not provide, and is not intended as a replacement for professional medical evaluation, advice, diagnosis or treatment. Salem Fitness Center Program recommends that you consult with your physician or other healthcare provider for those services. You further acknowledge that program material you are given is dependent upon your submission of accurate, current, and complete health and lifestyle information. If the health and lifestyle information is not accurate, current or complete, then you understand that the material may not be accurate or complete.

PRIVACY STATEMENT:
The Salem Fitness Center Program treats personally identifiable information as confidential. This includes name, address, and any health information about you. With the exception of your physician, we will not share any identifiable information with anyone, unless authorized to do so by you. We may use and share aggregate or statistical information with third parties. This group data will not contain personally identifiable information.

MEMBER WAIVER AND RELEASE:
Salem Fitness Center recommends a physical examination from a doctor before using any exercise equipment or participation in any exercise class. All exercise, training and/or instruction, including the use of weights and use of any and all machinery, equipment and apparatus designed for exercise shall be at the member's sole risk. Member understands that the agreement to use, or selection of exercise programs, methods and types of equipment shall be member's entire responsibility, and the Salem Fitness Center shall not be liable to member for any claims, demands, injuries, damages, or actions arising due to injury to member's person or of the services, facilities, and premises of the program. Member hereby holds Salem Fitness Center, its officers, owners, agents, and employees or volunteers harmless from all claims which may be brought against them by member or on member's behalf for any such injuries of claims.

WAIVER OF FUTURE NEGLIGENCE:
Member specifically waives any claim against the Council for Health Dent County, the Salem Fitness Center, its officers, directors, agents, employees or volunteers, for any negligent or allegedly negligent act which they may commit or allegedly commit or which may occur or result from any omission or failure to act, in providing services, equipment, training, or any other thing as a part of Salem Fitness Center's activities or act or on its premises or resulting from any condition thereon. No such claim shall be permitted, filed, or made and enforced by any court. Member acknowledges that the availability of and access to this program and its facilities and equipment constitutes adequate consideration for this waiver, not withstanding any fees paid by member to said program for said availability and access.

Payment Options

Regular Membership $28.00/month
(age 18 – 64) Six Month Discount $140.00

Senior Membership $23.00/month
(age 65+) Six Month Discount $115.00

Punch Cards: $30.00 / 7 Punches (Classes Only)

Household Discount $23.00/member/month
(active members , age 64 & below,sharing the same address)
$20.00/ member/month active members age 65+, sharing the same address) Family Discount $50 / 3 $10 Each Additional Member

Weekly Fee $8.00/week
Daily Fee $5.00

Corporate Fee: $25.00 Per Person

Personal Training: $25 for 1 Session, $80 for 4 Sessions

In the event that membership dues are not paid, membership would be considered delinquent and membership privileges would be suspended. *Please consider paying for 3 months at a time to help defray administrative costs.*

I hereby agree to the above terms.

_____ _____
Member's Signature Date

_____ _____
Witness (Office Staff) Date