Cape May County Government Wellness Center Membership Agreement for 25 Year Retired Employees

As I become a member of the Cape May County Government Wellness Center. I have reviewed, understand, and voluntarily agree to the following:

1 Membership is only for retirees with a minimum of 25 years of service. _____ Initials
2 You are requested **not** to use the gym during peak active employee hours – from 11 AM to 2 PM or from 4 PM to 6 PM Monday thru Friday. _____ Initials
3 I understand that my use of the fitness center is voluntary, at my own risk and I accept full responsibility for my participation in a fitness program and activities at the fitness center. _____ Initials
4 I understand that the activities & equipment in the fitness center(s) may involve certain risks and exposure to personal injury, which risks and exposure I voluntarily assume by choosing to become a member of the fitness center in addition to utilizing the activities and equipment at the Center. I also understand that orientation to the equipment is required. I hereby release in full and forever discharge Cape May County Government, its directors, agents and employees, whether acting officially or otherwise, on behalf of myself, my heirs, executors, administrators and personal representatives from any and all claims, demands, or activities while on the fitness center premises which may result in my death, injury to me or loss or damage to my property of any sort whatsoever. _____ Initials
5 I understand that under no circumstances shall I move exercise equipment or use the equipment in any manner not authorized by the Wellness Center staff. _____ Initials
6 I understand that all equipment shall be wiped down with the supplies provided after each use. ____ Initials
7 I understand that this membership is only for me. I will **not** give access to another individual or misuse the equipment or County property or I will lose my privileges to utilize the fitness center equipment, facilities and activities._____ Initials
8 I will wear my County ID badge at all times when using the fitness facility. _____ Initials
9 I hereby understand that I am to conduct myself in a quiet, well-mannered fashion so as not to cause any disturbance, which may interfere with the use and enjoyment of the facility by others.
10 I understand that the County reserves the right to close the facility at any time for any reason. _____ Initials.
11 I understand that under no circumstances are my children or any unauthorized individual allowed access to the fitness facility. Should I allow any access to an unauthorized individual I will face legal consequences that result from my actions._____ Initials

I understand that should I violate any of these provisions I could cause injury to myself or others. The Wellness Center staff reserves the right to enforce these provisions immediately and to terminate this agreement for any noncompliance. The Wellness staff also reserves the right to rescind any or all fitness center privileges deemed appropriate by Cape May County Government, its directors, agents or employees.

I have completed the PAR-Q Form and have attached a note from my health care provider stating that I can exercise unsupervised. This information has been reviewed by the appropriate staff of the Wellness Center and/or County and I have been given permission to utilize the Cape May County Fitness Center. I understand that any medical information that I submitted is deemed confidential. However all releases I have executed will be maintained in the Wellness Center file created on my behalf. You are required to have "Gym Orientation" prior to your membership being activated. Once your application is completed, you must call Human Resources to schedule an appointment to receive a Wellness Center door access card at (609) 465-1060.

_____

Printed Name Retired Member Signature Date

_____

Department Worked For Telephone Number E-mail Address

_____

Wellness Center Door Card Number

Completed Applications may be returned to:

Cape May County Wellness Division, DN 601, Cape May Court House,
NJ 08210 Phone 609-465-1087 cmcwellness@co.cape-may.nj.us