



Cape May County Government Wellness Center Membership Agreement for Benefit Eligible covered Spouse of a County Employee

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

- 1 I understand that my spouse **must** be a member of the Wellness Center and I understand that I must accompany my spouse to the Wellness Center for door access. _____ Initials
- 2 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
- 3 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
- 4 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
- 5 I understand that all equipment shall be wiped down with the supplies provided after each use. _____ Initials
- 6 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
- 7 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.
- 8 I understand that the County reserves the right to close the facility at any time for any reason. _____ Initials.
- 9 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

As a County employee I take full responsibility for any & all actions of my legal spouse while at the fitness facility and by signing below I recognize this responsibility and I also understand it is my responsibility to notify the Wellness Advisor if my marital status or spouse were to change.

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 if required, 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 submit 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. Spouse must be a benefit eligible employee.

Printed Name Member (Spouse of County Employee) Spouse Signature Date

Employee Name Employee Signature Date

Employee Card Number (**reverse side of ID card**) Employee Department Employee E-Mail Address

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