

County Employee Fitness Center

MEMBERSHIP APPLICATION

PLEASE PRINT

Name: _____ Interested in the County wide Rec Pass? _____

Merit Employee Spouse Dependent Sig. Other Retiree

Employee Identification Number: _____ E-Mail: _____

Department: _____ Courier Address: _____

Work Phone: _____ Home Phone: _____

Home Address: _____

Employee Membership \$15 / mo. Spouse/SO/Dep. Membership \$11.90 / mo.

I have read the Fitness Center Policies and I agree to abide by the policies therein.

Membership contracts are for a minimum of 6 months.

Signature: _____ Date: _____

MAIL FORMS THROUGH COURIER TO
FITNESS CENTER DIRECTOR, #S-4700

YOUR REGISTRATION WILL BE PROCESSED WHEN ALL FORMS ARE COMPLETED, (MEMBERSHIP APPLICATION AND PAYROLL DEDUCTION SHEET). PLEASE CALL ANN AT 385-468-1789 TO SCHEDULE A MANDATORY 45 MINUTE ORIENTATION.

Salt Lake County Govt. Bldg. / 2001 S. State / #S-4500-4600 / 385-468-1789

SALT LAKE COUNTY FITNESS CENTER RELEASE

Name (PLEASE PRINT): _____

Date of Birth: _____

CERTIFICATE OF FITNESS

I desire to participate in exercise consisting of physical activity including but not limited to cardiovascular exercise, aerobics and group exercise classes, weight training, resistance tubing and various conditioning techniques offered by the Salt Lake County Employee Fitness Center. I affirm that I am in :

_____ good physical condition and do not suffer from any physical or medical or other condition which would prevent or limit any participation in the Fitness Center.

SIGNATURE

DATE

ASSUMPTION OF RISKS

By signing below I acknowledge that the exercise activities undertaken in the Fitness Center include inherent risks, including but not limited to the risk of injury. I agree to assume all risks associated with participation in exercise held at the Salt Lake County Employee Fitness Center, including but not limited to the risk of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury.

SIGNATURE

DATE

RELEASE OF CLAIM AGAINST SALT LAKE COUNTY

By signing below I certify that the above is true, and I hereby release, indemnify and hold harmless Salt Lake County, it's officers, and the Salt Lake County Employee Fitness Center Management Committee and any or all of their affiliates or employees from and against any and all liability for any claims, demands, injuries, damages, action or causes of action, whatsoever, arising out of my participation in the Fitness Center.

SIGNATURE

DATE