



Pursue the Active Life

# FitWorks

## MEMBERSHIP OPTIONS & PRICING

### BASIC

Includes weight machines, cardio equipment, and open gym

	AUTO/monthly	MONTHLY	ANNUAL
ADULT	\$25	\$30	\$234
SENIOR (62+)	\$20	\$25	\$195
STUDENT	\$20	\$25	\$100

### PLUS

Includes weight machines, cardio equipment, open gym and unlimited fitness classes

	AUTO/monthly	MONTHLY	ANNUAL
ADULT	\$45	\$50	\$390
SENIOR (62+)	\$35	\$40	\$312
STUDENT	\$35	\$40	\$100

### PUNCH CARDS

	GYM/6 visits	CLASSES/11 visits
ADULT	\$30	\$80
SENIOR/STUDENT	\$24	\$80

### DAY PASSES

	GYM	CLASS
ADULT	\$5	\$8
SENIOR/STUDENT	\$4	\$8

Sales tax may apply

**FALL/WINTER HOURS:**

Monday-Friday ...6:00 am - 7:00 pm  
 Saturday.....9:00 am - 3:00 pm  
 Sunday.....CLOSED

**MANDATORY FACE MASK HOURS:**

Monday-Friday...10:30 am -12:00 pm  
 Saturday.....2:00 pm - 3:00 pm

Primary Member: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## AGREEMENT

### **THIS IS YOUR AGREEMENT TO BECOME A MEMBER OR PUNCH CARD HOLDER AT BCRD FITWORKS.**

As used in this agreement, the words "you" and "yours" mean the MEMBER signing this contract, and the words "FitWorks", "facility", "us" and "our" mean the BCRD FitWorks. Upon acceptance, you will be entitled to use BCRD FitWorks facilities and equipment subject to this agreement. You understand that your membership is not an equity or ownership investment in BCRD FitWorks. **PLEASE READ THIS AGREEMENT CAREFULLY. If you agree to be bound by it, please sign it.**

#### **Membership**

Member pricing categories are: Adult (age 18-61), Senior (age 62+) and Student (high school only). You must scan your membership card at the front desk when entering the facility and cards are nontransferable. Abuse of a membership card may result in termination of the membership. Replacement cards can be purchased for \$3 in the case that they are lost or stolen.

#### **Facilities and Equipment**

BCRD FitWorks reserves the right to determine facility hours and services provided. It is understood that equipment may be unavailable to do cleaning and/or service. Occasionally there will be times when the gymnasium is not available. Visit [bcrd.org](http://bcrd.org) for an open gymnasium schedule.

#### **Refunds or Stop Payments**

Members purchasing any monthly automatic renewal membership must understand, complete and sign the *Credit/Debit Card Monthly Automatic Renewal Authorization Form*. Any checks returned by the bank will result in collecting payment in full via cash or credit/debit card only. All fees must be paid in full before any additional privileges will be granted.

#### **Termination of Membership**

BCRD FitWorks reserves the right to terminate due to non-payment of membership fees or failure to comply with the guidelines as set forth by BCRD FitWorks. If membership is terminated for non-payment, the remaining balance must be paid in full prior to future renewal of membership.

#### **Agreement and Release of Liability**

I do hereby waive, release, and forever discharge BCRD Fitworks, its officers, and employees from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or use of equipment in the aforementioned facility.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that fitness activities involve a risk of injury or illness and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or illness.

I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the activities or use of equipment at BCRD FitWorks. I give permission to use photographs of me, or my dependents, to publicize the BCRD and/or its programs.

By signing this form, I acknowledge that I understand that the Blaine County Recreation District is providing this service during the COVID-19 pandemic. I acknowledge that there are many known and unknown risks associated with participation in this program, including contracting COVID-19 and other illnesses, physical injuries or other damages, and I assume the risk that any of these may occur. I acknowledge that the Blaine County Recreation District cannot prevent exposure to COVID-19 or other illnesses while at the facility but can only try to minimize the risk.

I further agree to read and follow all of the protocols established and attached to this document to comply with BCRD policies and state regulations to best prevent the transmission of Covid-19 while engaged in BCRD FitWorks programs and facilities.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date