



Pursue the Active Life

FitWorks

MEMBERSHIP OPTIONS & PRICING

BASIC

Includes weight machines, cardio equipment, and open gym

	AUTO/monthly	MONTHLY	ANNUAL
ADULT	\$27	\$32	\$249
SENIOR (62+)	\$22	\$27	\$207
STUDENT	\$22	\$27	\$106

PLUS

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

	AUTO/monthly	MONTHLY	ANNUAL
ADULT	\$48	\$53	\$414
SENIOR (62+)	\$38	\$43	\$331
STUDENT	\$38	\$43	\$106

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 included in rates

FALL & WINTER HOURS:

Monday-Friday ... 7:00 am - 7:00 pm

Saturday.....9:00 am - 3:00 pm

Sunday.....CLOSED

bcrd.org or (208) 578-2273

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

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 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

On behalf of myself, and my personal representatives, heirs, next of kin, successors and assigns, I do hereby waive, release, and forever discharge the Blaine County Recreation District ("BCRD"), its officers, and employees from any and all damages and liability for death, disability, personal injury, property damage, property theft or claims of any type that accrue in any way resulting from my participation in any activities or use of equipment in FitWorks and the gymnasium facility, including those that arise from the negligent or otherwise wrongful acts or omissions of BCRD and/or those who are released herein.

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 clearance by a medical professional to participate, or that I have decided to participate in the activities or use of equipment at BCRD FitWorks and the gymnasium facility without obtaining such clearance from a medical professional.

I give permission to use photographs of me, or my dependents, to publicize BCRD and/or its programs.

By signing this form, I acknowledge that I understand that the BCRD is providing a service to the community during the COVID-19 pandemic. I acknowledge that there are many known and unknown risks associated with participation in BCRD activities, 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 BCRD cannot prevent exposure to COVID-19 or other illnesses while at BCRD facilities 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 activities and on BCRD facilities.

_____ Print Name

_____ Signature

_____ Date