

# NIH R&W Fitness Center Membership Application

\_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name

What's the best way to contact you? Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ *So we know when to celebrate you!*  
 Office Building: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Membership Options: **Circle one**

<b>Gold: <u>Fitness Center + Group Exercise</u></b>		
Annual /Debit	6 month	3 month
Monthly	Daily	
<b>Silver: <u>Group Exercise Only</u></b>		
Annual/Debit	6 month	3 month
Monthly	Daily	
<b>Bronze: <u>Fitness Center Only</u></b>		
Annual/Debit	6 month	3 month
Monthly	Daily	
<b><u>Student/Post Bac:</u></b>		
Annual	or	Monthly: Fitness Center
Annual	or	Monthly: Group Exercise
Annual	or	Monthly: Fitness Center + Group Exercise
		Daily
<b><u>Shower Membership:</u></b>		
4 month	6 month	other: _____
<b><u>Locker Memberships:</u></b>		
6 months	or	Annual

Fitness Program Staff use only: On campus \_\_\_\_\_ Off Campus \_\_\_\_\_  
 Barcode #: \_\_\_\_\_

# NIH R&W Fitness Center Membership Application

## R&W Fitness Program Values

As a member of the NIH R&W fitness program I will:

- ▽ **Polite:** Please be respectful of other members and the fitness staff at all times
- ▽ **Courteous:** Please inform a fitness staff member if I plan to be on a cardio machine for more than 30 minutes.
- ▽ **Clean:** I will clean cardio & strength machines after each use.
- ▽ **Prepared:** Wear proper footwear while inside any R&W fitness facility.
- ▽ **Helpful:** Ask the fitness staff prior to changing the television station.
- ▽ **Cheerful:** Have fun! 😊

I have read the NIH Fitness Program Values and agree to follow them as stated.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## NIH/NOAA R&W 2019 Membership Form

**Please Print Legibly**

Preferred Membership

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Government ID # \_\_\_\_\_

Currently Subscribed to the R&W ListServ? Y/N? \_\_\_\_\_

Provide your email address below to receive R&W updates, special offers and coupons

\_\_\_\_\_

Date Issued: \_\_\_\_\_

Fitness Program Staff use only: On campus \_\_\_\_\_ Off Campus \_\_\_\_\_

Barcode #: \_\_\_\_\_

# NIH R&W Fitness Center Membership Application

## Release of Liability

I, the undersigned, wish to participate in the activities and programs of the NIH Fitness Center. I certify that I am physically able to participate in any activity I take part in and will use good judgment while exercising. I recognize that I am responsible for knowing my own state of health, and I will advise the facility staff of any health problems related to exercise. I also understand I may be denied participation in activities for health reasons at the discretion of the staff.

I, the undersigned, so accept any and all responsibility and assume all risk of any injury or damage to my person that may arise, whether directly or indirectly as a result of my participation in the programs of the NIH Fitness Centers. I hereby release and discharge R&W and its respective officers and employees from all claims, damages, and liability whatsoever that may result from my injury or death, accidental or otherwise, during or arising from my utilization of the activities of the NIH Fitness Centers. I also agree that in the event of an injury while using the facilities, the Federal Employee's Compensation Act will be my sole provider of compensation. (Federal government employees only).

I agree to abide by the rules and regulations of the NIH Fitness Centers with the understanding that violation of such rules may result in withdrawal of my privileges to use the facility or in the programs offered.

I, \_\_\_\_\_, certify that I have read and that I understand the contents of this waiver.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

Fitness Program Staff use only: On campus \_\_\_\_\_ Off Campus \_\_\_\_\_

Barcode #: \_\_\_\_\_