



Membership Application Form

Date _____

Membership Number _____ FOB # _____ Type: Volunteer Member Day/Week Pass
 Hospital Employee Scholarship
S&F # _____
Silver Sneakers # _____

Member Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Emergency Contact Information

Name _____ Relationship _____

Phone (Day) _____ (Evening) _____

Address _____

Membership Fees / Rates are subject to change without notice

Payment: Cash, Credit Card, or make Checks payable to: YCRR

Automatic Monthly Withdrawal Available for Memberships!!

___ One-time Mandatory \$10.00 Key Fob Charge (one per person)

___ One day \$5

___ One week \$15

___ One month \$25 (___ Couple \$45, ___ Family \$65*)

___ Six Months \$140 (___ Couple \$250, ___ Family \$400*)

___ One Year \$250 (___ Couple \$395, ___ Family \$575*)

*** This price includes a maximum of four family members**

___ **Couple** with who:

___ Please check here if you would like to receive updates

___ **Other Family Member Names**

How did you hear of the Yates Community Fitness Center?
Referral ___ Advertising ___ Other _____
Who referred you? _____

Thank You!

Medical Questionnaire

1. Has your Doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
Y ___ N ___
2. Do you feel pain in your chest when you do physical activity?
Y ___ N ___
3. In the past month, have you had chest pain when not doing physical activity?
Y ___ N ___
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
Y ___ N ___
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Y ___ N ___
6. Is your Doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
Y ___ N ___
7. Do you know of any other reason why you should not do physical activity?
Y ___ N ___

If you have answered YES to ANY of the Medical questions, you cannot use the Fitness and Wellness Center unless you have a Doctor's note stating that you can (Dr.'s Letterhead).

I have read, understood and completed the questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____
Signature _____
Signature of Parent/ Guardian _____
Witness _____

<input type="checkbox"/> Doctor's Note Received
Date: _____
By Who: _____ (Volunteer)

Membership Agreement (Please Read):

1. I have received and completed the Medical Questionnaire.
2. I agree to abide by the rules, regulations, and policies of the Yates Community Fitness Center as stated in this application and posted throughout the fitness center.
3. This membership entitles me entrance to the Yates Community Fitness Center and use of its facilities. I understand that additional fees may be charged for certain programs and activities offered through the Yates Community Fitness Center, including but not limited to fitness and wellness programs, and organized activities.
4. I understand that I must use my issued Key Fob when entering the door at the Yates Community Fitness Center.
5. I understand that my membership cannot be extended due to sickness, traveling, etc., and is neither transferable nor refundable.
6. My failure to oblige by the rules may result in loss of membership privileges.
7. I understand that the Yates Community Fitness Center may occasionally be closed to members for maintenance, scheduled events, and inclement weather. I further understand that no portion of my membership fee will be refunded, nor will a credit be given under these circumstances.
8. I understand that the hours the fitness center is open for membership sign-ups, renewals, and payments are subject to change depending on volunteer availability and seasonal demand.
9. I understand that the Yates Community Fitness Center may contact me with various information and special offers from time to time.
10. Key Fobs are issued to all members upon initial membership signup for a onetime \$10.00 charge. The Key Fob is reusable and nonrefundable, and can be reactivated if you reinstate your membership at a future date.
11. Members MUST swipe your Key Fob before entering the Fitness Center whether or not the door is locked or unlocked. Please be sure each person swipes his/her Key Fob.
12. Lockers are available for your use ONLY when you are using the fitness center. You must remove your lock and personal belongings when you leave the facility. Locks are not available so please bring your own. Locks left on the lockers when you leave the fitness center will be cut-off, and items will be removed to lost & found.
13. I will not allow anyone besides me to use my membership Key Fob, and I understand that I will be charged a \$20.00 per visit fee for any unauthorized guest I allow into the Fitness Center and that my Key Fob may be deactivated or my membership terminated. A fee will be charged to activate the key fob and rejoin the Fitness Center, at the discretion of the Executive Director. I also will be responsible for any losses, damages or liability the Fitness Center suffers because of any unauthorized guest I allow into the Fitness Center.
14. The club is not liable for any personal property that is damaged, lost or stolen while on or around Fitness Center premises including, but not limited to, a vehicle or its contents, or any property left in a locker. If I cause any damage to the Fitness Center I am liable for its cost and replacement.
15. The fitness Center reserves the right at any time to remove, discontinue, repair or replace the facility equipment without any effect on this Agreement. The Fitness Center may be closed up to two weeks each year for maintenance purposes.
16. I may not take photos or videos anywhere in the Fitness Center. I understand that the Center uses video surveillance, and Key Fob usage is logged, which both may be retained by the Fitness Center for future use.
17. I understand that loud music, noise and other disturbances are not allowed.
18. I agree that, unless controlling legal authority requires otherwise, any award by an arbitrator or a court is limited to actual compensatory damages. I agree that neither an arbitrator nor a court can award either party any indirect, special incidental or consequential damages; even if one party told the other party that they might suffer these.
19. This is the whole agreement between the parties and supersedes any prior understandings or agreements of the parties whether written or oral, express or implied. This agreement may not be amended or modified except in writing and signed by both parties.

I have read and accept the statements above.

Member Signature _____

Date: _____

Waiver of Important Legal Rights

Company Name: Yates Cultural and Recreational Resources (YCRR)

Release and Waiver of Liability and Indemnity.

You, hereafter referred to as Member, acknowledge and agree that Member's use of Yates Cultural and Recreational Resources' (YCRR) facilities, services, equipment or premises, involves risks of injury to persons and property, including those described below, and Member assumes full responsibility for such risks. In consideration of being permitted to enter any facility of YCRR for any purpose including, but not limited to, observation, use of facilities, services or equipment, or participation in any way, Member agrees to the following: Member hereby releases and holds YCRR, its directors, officers, employees, volunteers and agents harmless from all liability to Member and Member's personal representatives, assigns, heirs and next of kin for any loss or damage, and forever gives up any claim or demands therefore on account of injury to Member's person or property, including injury leading to death of member, whether caused by the active or passive negligence of YCRR or otherwise to the fullest extent permitted by law while Member is in, upon, or about YCRR' premises or using any YCRR facilities, services or equipment. Member also hereby agrees to indemnify YCRR from any loss, liability, damage or cost YCRR may incur due to the presence of Member in, upon, or about the YCRR premises or in any way observing or using any facilities or equipment of YCRR, whether caused by negligence of Member or otherwise. You represent (a) that Member is in good physical condition and has no disability, illness or other condition that could prevent member from exercising without injury or impairment of health, and (b) that Member has consulted a physician concerning an exercise program that will not risk injury to Member or impairment of Member's health. Such risk of injury includes (but not limited to): injuries arising from use by Member of exercise equipment and machines; injuries arising from participation by Members or others in supervised or unsupervised activities or programs at YCRR; injuries and medical disorders arising from exercising at YCRR such as heart attacks, strokes, heat stress, sprains, broken bones, and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in YCRR dressing rooms and other facilities. Member further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be used as broad and inclusive as is permitted by the law of the State in which it is signed by Member and that if any portion hereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Member has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements or inducement apart from the forgoing written agreement has been made.

Signed at Yates Cultural and Recreational Resources (YCRR), Fitness & Wellness Center
Street Address: 463 North Main Street & 467 North Main Street, Penn Yan, NY 14527

Date: _____

Member Signature: _____

Print Member Name: _____

Witnessed by: _____

YCRR Employee/Volunteer Signature