

# DMC Fitness Center

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Employee Fitness Membership Application

This membership is one year in length and will **automatically** be renewed for all subsequent years unless the holder of the membership provides written notice to cancel 30 days prior to expiration date of the membership

Name:	_____	Member ID #:	_____
	<i>Last</i> <i>First</i>		
Address:	_____		
City:	_____	State/Province:	_____
		Zip:	_____
Date of Birth:	____/____/____		
Hospital:	_____		
Department:	_____		
Employee ID:	_____		
Work Phone:	_____		
Alternate Phone Number:	_____		
Email Address:	_____		
Emergency Contact Person:	_____		
Emergency Contact Phone Number:	_____		

Payroll Deduction: _____	<u>Method of Payment</u>	New Application: _____	Renewal Application: _____
PIF: _____	Cash: _____	Check: _____	New Employee Promotion: 1 month Free _____
Charge: _____	Visa	MC	Other: _____
Membership rate: \$ _____	Deduction amount: \$ _____		
Contract Start: _____	Contract Expires: _____		
Date Entered in HealthCalc: _____	Date Payroll Emailed: _____	Initials: _____	

**GENERAL INFORMATION:**

The Rehabilitation Institute of Michigan Brasza Center offers both fitness classes and exercise equipment for independent exercise. The Center does not provide therapy or supervision.

**Hours of Operation:**  
Monday – Friday  
6:30 a.m. – 8:00 p.m.  
Closed weekends and holidays

The locker rooms are equipped with lockers. You may bring your own lock or sign out a lock at the front counter. Lockers may not be left locked overnight or else the lock will be broken and all contents of the locker removed.

The membership fee includes a fitness assessment, equipment orientation, use of all exercise equipment, and access to all fitness classes. Massage therapy and personal training services are available for an additional charge.

1. I understand the fitness membership fee for the DMC Fitness Center is \$399.00 for twelve consecutive months.
2. I understand that I must be oriented to all fitness equipment prior to using the facility.
3. I agree to bring my own fitness workout clothing, towels, and other personal items as needed for exercise, as the fitness program at the Brasza Center will not supply these items. I understand that I must wear a shirt or leotard and appropriate footwear at all times at the Brasza Center.
4. I understand that during peak hours of operation, Brasza Center personnel may request that I decrease my time on a specific piece of equipment, and I agree to comply with such requests.
5. I have read and understand all policies and procedures of the Brasza Center, and I agree to abide by all such policies and procedures, which from time to time may be amended. I understand that violating these policies or procedures or may result in the permanent revocation and termination of my membership at the Brasza Center.
6. I understand that exercise and fitness activities sometimes cause injuries. I understand and agree that the Brasza Center is not responsible for such injuries. In consideration of my voluntary membership in the Brasza Center, for myself, my heirs and executors, I assume any and all risks associated with my participation at and use of the Brasza Center and expressly release, discharge, and hold harmless, the Brasza Center, the Rehabilitation Institute of Michigan, the Detroit Medical Center, and their agents, employees and assigns from and against any and all liability for loss, damage, injury or claim of any nature, however caused, arising out of or related in any way to my membership or participation in the use of the Brasza Center.
7. I certify that all information I have provided above is complete and accurate.
8. This is an annual membership effective one year from the start date with automatic annual renewal for all subsequent years. The member must provide written notice to cancel 30 days prior to expiration date of this membership.
9. **I HAVE FULLY READ AND UNDERSTAND THIS AGREEMENT. ANY QUESTIONS I HAD WERE SATISFACTORILY ANSWERED BEFORE I SIGNED THIS AGREEMENT.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
DMC Fitness Center Staff

\_\_\_\_\_  
Date