ALL SAINTS CATHOLIC CHURCH

2443 Mount Vernon Road Dunwoody, Georgia 30338-3099

770-393-3255

HEALTH and WELLNESS CENTER MEMBERSHIP AGREEMENT

Membership: Full use of the equipment and showers in the Center. Access is by membership numbered card.

Hours are from 6:00 AM through 9:00 PM week days and Saturday; Sunday hours from 1:00 PM through 6:00 PM. Closed on Holy Thursday through Easter Sunday, Christmas Eve and Christmas Day.

Cost: Single Membership is $20.00 per month, or $240.00 per year, paid in no more than 2 payment of $180.00 per payment.

Family Membership is $30.00 per month, or $360.00 per year, paid in no more than 2 payments of $180.00 per payment. Family membership includes two membership cards; each additional card is $10.00. Family members must be not less than 16 years of age.

Membership cards are assigned by name and number. Replacement membership card is $15.00. Misuse of membership card is cause for revocation of membership. The membership card is not transferrable. No member can sell or exchange their membership card. There is no refund for unused month on a membership card for any purpose.

If payment is not made by check, a copy of a valid driver's license is required. Health and Wellness Center Rules:

Upon initial entry into the Health and Wellness Center, an orientation period is required in order to familiarize yourself with all equipment.

No food or beverage allowed in Health and Wellness Center.

No alcohol or smoking permitted on premise.

No sleeping or profanity on premise.

Health and Wellness Center is not responsible for lost or stolen articles.

Thermostat, TV's, Stereo Systems are not to be tampered with (they are all preset).

Proper gym workout attire is required.

Wipe down equipment after each use.

Pick up and re-rack weights, balls, and mats.

Articles left in lockers will be removed and discarded.

Soiled towels must be deposited in the bins in the shower rooms. Medical Release Form: Attachment# 1 must be filled out for each Member.

Health and Wellness Center Waiver, Release of Liability & Indemnity Agreement: Attachment# 2

The Health and Fitness Center would also like to remind you that it is your responsibility to make certain that your exercise program is the right one for you. You should consult with your physician before beginning or modifying any exercise regime.

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ATTACHMENT# 1

**ALL SAINTS CATHOLIC CHURCH**

**2443 Mount Vernon Road Dunwoody, Georgia 30338-3099**

**MEDICAL RELEASE**

770-393-3255

PARTICIPANT'S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address·\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_ Work/Cell Phone:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY MEDICAL TREATMENT: In the event of an emergency. I hereby give permission to transport me to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by doctors and hospital.

Emergency contact& relationship to participant, \_

Phone.

If we are unable to reach the emergency contact person, I hereby give permission for the doctor and hospital to exercise professional judgement in treating me.

Medical/Hospital Insurance Carrier \_

Name of Policy Holder. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Participant-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group Number \_

Signature of Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

MEDICATIONS: I am taking the following medication (s):

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Allergic reactions to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus/diphtheria immunization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(USE OTHER SIDE OF FORM IF NECESSARY)

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ATIACHMENT # 2

HEALTH and WELLNESS CENTER WAIVER, RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I, the undersigned, acknowledge the inherent risks involved when using any type of fitness equipment in the All Saints Catholic Church Health and Wellness Center, and in all other sports and training sessions relating therein. Accordingly, as consideration in exchange for being allowed to participate in any sporting activities and/or activities at All Saints Health & Wellness Center, I agree to the following:

I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from actions, but also from the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not know to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in activities at All Saints Health and Wellness Center.

I agree that prior to participating in any activity at All Saints Health and Wellness Center, I will inspect the Health and Wellness Center area and any individual equipment to be used, and if, through my inspection, I determine that anything related to that activity or equipment is unsafe, I will immediately advise the Health and Wellness Center Staff or another official of this unsafe condition and will not participate until this condition is corrected.

I agree to assume all of the foregoing risks and accept full responsibility for my own damages following such injury, permanent disability, or death.

I release, waive, discharge, and agree not to sue All Saints Catholic Church and the Archdiocese of Atlanta and any parishes, and all its respective agents, affiliates, associates, officers, directors, owners, and employees (collectively "Releasees") from demands, losses, or damages on account of any bodily injury, death or property damage caused or alleged to be caused in whole or in part by Releasees or any party's actions, inactions, or otherwise. I also agree to indemnify Releasees from any and all third-party claims in whole or in part by my actions.

I consent to emergency medical care and transportation in order to obtain medical treatment in the event of injury to me, as All Saints Health and Wellness Center may deem appropriate. The Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.

I expressly agree that the terms of release and indemnity continued herein are intended to be as broad and inclusive as is permitted by the laws of the State of Georgia. Any provision or portion of the Waiver, Release & Indemnity Agreement found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the intended thereby. Said provision or portion, as well as the remaining provisions or portion hereof, shall be construed and enforced to the same effect as of such offending provision or portion hereof had not been contained herein.

I have read the above Membership Agreement, completed the Medical Release Form, and Waiver, Release of Usability & Indemnity Agreement and understand that by signing below, I have given up substantial rights.

\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Print Name] Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Consent (for participants from age 16 and17):

I, the undersigned parent or legal guardian of the child named above, have read the above Membership Agreement, completed the Medical Release Form and Waiver, Release & indemnity Agreement, and agree to its terms on behalf of my child and myself. I understand that by signing below, I am giving up substantial rights on behalf of my child and myself.

\_\_\_\_\_\_\_\_\_Child’s Name, printed] \_\_\_\_\_\_\_\_\_\_ [Date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Signature of Parent/Legal Guardian]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Print Name of Parent/Legal Guardian]

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