



City of Bellevue Parks & Community Services

Fitness Pass Agreement

South Bellevue Community Center

Fitness Pass Holder Information

Primary Pass Holder Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____ Emergency #: _____

E-mail: _____

Fitness Pass Plan

Bellevue Resident: Yes No

Fitness Pass Type: Adult Teen/Youth Student Single Adult w/children 10-23
 2 Adults (no children) 3 Adults (no children) 2 Adults w/children 10-23

** Adults (spouses/partners) and all children must live in the same household. One additional adult can be added for an additional fee of \$13 per month.*

Fitness Pass Term: ePass* 20 Visit 6 Week 3 Month Annual

Payment Type: Credit Card (Visa/MasterCard) Cash Check

** ePass is an ongoing, monthly pass that is available only with reoccurring credit or debit card charge.*

All cancellations must be submitted in writing or via an Amendment Form, which is available at the front desk.

Additional Pass Holders on Fitness Pass Plan				
* All pass holders must have a signed waiver on file. If under 18, a parent or guardian must sign the waiver form.				
Pass holder First Name	MI	Last Name, if different	Birthdate	Sex

Included in fitness pass/admission fees: Fitness Center access (cardio and weights), locker rooms, Gymnasium for Drop-in sports, assistance from the Fitness Center staff and Fitness Center orientation.

Additional fees required for: Replacement cards (\$5), one-on-one professional services, fitness and wellness classes, climbing wall and personal training.

I understand that the facility may be closed for maintenance procedures, emergencies, and inclement weather or be used as an emergency shelter. No refunds will be given for such closures.

I have read and understand my rights and responsibilities as a Fitness Pass holder at South Bellevue Community Center:

Signature: _____ Date: _____

Notice of Assumption of Risk - Waiver and Release
For Adult Participants at South Bellevue Community Center

Participant's Name (Print Clearly) _____

Date _____ Phone # (Best to reach at) _____

I understand that engaging in any physical exercise, class, or activity or using the fitness equipment and/or facilities at the South Bellevue Community Center for any purpose may pose a serious risk to health or cause death. Therefore, prior to commencing such an exercise program or using the fitness equipment or facilities, I will read and complete the Par-Q Physical Activity Readiness Questionnaire. If the answer is "YES" to any question, I understand that it is strongly recommended that a physician be consulted to ensure that it is appropriate for me to engage in the physical activities for which I desire to participate. I understand that after starting to engage in physical activity, if I notice any changes in my physical condition that may indicate a health risk by continued physical activity, it is strongly recommended that a physician be consulted to ensure that it is appropriate to continue the physical exercise, class, or activity. I agree that if I engage in any physical activity or use the fitness equipment and/or facilities, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result from my participation in physical exercise, classes, activities, or using the fitness equipment and/or facilities at the South Bellevue Community Center except as provided at the end of the paragraph below.

I hereby release and discharge and covenant not to sue the City of Bellevue, its agents, officers and employees, from and for any and all liability for all loss or damages, and any claims or demands therefore, on account of injury to my person or property, including death, arising from any physical exercise, class, or activity or using the fitness equipment and/or facilities at the South Bellevue Community Center; and I agree to indemnify and hold the City of Bellevue and its agents harmless from any loss, liability, damage, or cost, including reasonable attorney fees that may occur as a result of or due to my presence in or about the premises or resulting from my participation at or use of the equipment and/or facilities.

I have read, understand and agree to the Notice of Assumption of Risk - Waiver and Release.

Signature _____ **Date** _____