



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

Fitness Pass Term: *Monthly 20 Visit

** Monthly pass requires recurring credit card charge.*

Bellevue Resident: Yes No

Fitness Pass Type: Adult Teen Single Adult w/children 13-23
 2 Adults (no children) 2 Adults w/children 13-23 3 Adults (no children)

** Adults (spouses/partners) and all children must live in the same household.*

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

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

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

Additional fees required for: climbing wall, fitness classes, and personal training.

I understand that the facility will 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: _____

OVER

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with me or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright, or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

Participant's Parent/Guardian Signature	Date	Printed Name
---	------	--------------

Participant's Parent/Guardian Signature	Date	Printed Name
---	------	--------------

Participant's Parent/Guardian Signature	Date	Printed Name
---	------	--------------