

# ***JCC Fitness Center*** **Membership Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **MEMBERSHIP OPTIONS**

- \_\_\_\_\_ Monthly Adult Fee \$30
- \_\_\_\_\_ Semi-Annual Adult Fee \$150
- \_\_\_\_\_ Minnesota West-Jackson Campus College Student FREE
- \_\_\_\_\_ Other College Student Monthly \$15.
- \_\_\_\_\_ Other College Student Semi-Annual \$75.00 (same offer as above)
- \_\_\_\_\_ JCC Staff (employee contract-free membership)

Monthly or Semi-Annual: M/D/Y \_\_\_/\_\_\_/\_\_\_ to M/D/Y \_\_\_/\_\_\_/\_\_\_

Amount Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

***Memberships*** are due the first of the month. If you join after the first 3 days of the month your membership fee will be prorated only for the first month.

### ***Members' Right to Cancel***

If you wish to cancel this contract, you may cancel by delivering or mailing a written notice to; JCC Community Education, PO Box 119, Jackson, MN 56143. It must say that you do not wish to be bound by the contract and must be delivered or mailed before midnight of the third business day after you sign this contract for a full refund.

*An exception* will be allowed in the event a member provides a doctor's notice of physical inability to continue facility use. Your membership will be prorated and refunded.

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By my signature below, I, the member, certify that I am physically able to use all facilities and do hereby agree that this facility is not responsible or liable to me for any injury, accident or loss of personal property. I understand that I cannot transfer this membership to any other person. I do hereby release this facility and it's employees from any claim or cause of action which may occurred as a result of any medical problem known or unknown which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement, were made to me by this facility or it's employees. I agree to follow facility guidelines and to cooperatively utilize the facilities with other members. Failure to do so may result in cancellation of my membership. I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS THEREIN.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_