



Member Agreement

New Member

Change in Existing Membership

FROM: _____ TO: _____

Primary Member Name: FIRST / MIDDLE INITIAL / LAST

Secondary Member Name: FIRST / MIDDLE INITIAL / LAST

MEMBERSHIP DETAILS AND FEES

New Membership Options

- Social Single
- Fitness Single
- Social/Fit Single
- Community Fit Single
- Social Dual
- Fitness Dual
- Social/Fit Dual
- Community Fit Dual

Health Insurance Provider

- Silver Sneakers / Fitness Your Way # _____
- Silver Fit / Active Fit # _____
- Healthy Contributions; (Medica, BCBS, UCare, Health Partners, AARP _____)

NEED COPY OF INSURANCE CARDS

ACKNOWLEDGEMENT

By signing, I acknowledge that I have received and understand the Membership Policy Terms and Agreement as well as that all exercises and treatments and use of equipment and facilities of 125 LIVE are and shall be undertaken at participant's sole risk, and that the participant assumes the risk of any injuries they may suffer while participating in any program affiliated with or offered by 125 LIVE, using any of the equipment or the facilities of 125 LIVE, and that 125 LIVE shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever to the guest or property arising out of or connected with the use of any of the programs, equipment, and/or facilities of 125 LIVE or of the property or premises where same are located, and the participant does hereby expressly forever release and discharge 125 LIVE from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of negligence, active or passive, and all other fault, on the part of 125 LIVE, its servants, agents or employees. If I am a parent or guardian, I hereby accept all responsibility for any injury, loss or illness that may arise from my child's use of the facilities. I will not hold 125 LIVE responsible in any way.

I consent and authorize 125 LIVE to use and publish any of the images in any format taken of me. I understand these images may be used for a variety of purposes. Since anyone can download an image or make copies from printed materials, I agree that 125 LIVE is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my name.

Primary Member Signature

Date

Secondary Member Signature

Date

125 LIVE | 125 Elton Hills DR NW, Rochester, MN 55901 | (507) 287-1404 | 125livemn.org



CENTER FOR ACTIVE ADULTS

Member Agreement

New Member Change in Existing Membership

FROM: _____ TO: _____

Office Use Only

Monthly Membership Fee:

Enrollment Fee \$ _____ Member Support

Dues \$ _____ \$10 Change Fee

Total Due at Enrollment \$ _____ Waived

Monthly Dues \$ _____ Start Date ___ / ___ / ___ Pro-Rated

Annual Membership Fee:

Enrollment Fee \$ _____ Cash

Dues \$ _____ Check

Total Due at Enrollment \$ _____ Card

Effective ___ / ___ / ___ to ___ / ___ / ___

Accepted by _____ Date ___ / ___ / ___

Attached

- EFT Agreement
- Documentation
- Insurance Form and Copy of Card

Complete

- Photo Taken
- Healthy Contributions
- Tivity - Silver Sneakers
- Ash Link - Silver &Fit
- Constant Contact
- Verified Military