

Christ Wesleyan Church

363 Stamm Rd, Milton, PA

570. 742. 3818

Well Fit Weight Room Membership Form

Hours: 5 a.m.- 10 p.m. Every Day

Age: 9th Grade or Older

Membership Fee: 6 months-\$70 (includes key fob fee)

1 year-\$120 (includes key fob fee)

By Month- \$20 (1st month includes key fob fee, \$10 per month after)

Fitness Package: Includes gym membership and ALL FITNESS CLASSES (HIIT, Revolution, Boot Camp)

6 months- \$220 (includes key fee, \$210 after to renew)

1 year-\$420 (includes key fee, \$410 after to renew)

By Month- \$45 (1st month, \$35 after to renew)

*** Key Fobs may not be returned for a reimbursement.**

General Guidelines:

- The Well Fit weight room is supervised by cameras and not an employee at a desk, so your key fob will gain you access to the weight room entrance, which is in the rear of the main entrance into The Well Coffee House. You are not permitted to bring anyone with you into the weight room unless they are a member (see guest info below), especially those who are under the age of 16. We have cameras supervising the entire weight room and **if we see you bringing anyone with you who is not permitted, we will revoke your membership with no refund.** This is for the safety and benefit of every Well Fit member. Each member will receive a key fob.
- You may bring a guest if they live 25+ miles away from Milton. Guest requirements:
 - fill out the waiver
 - show proof of address
 - 16 or older

Approval must be given by Well Fit management before weight room use is permitted by your guest.

You may always apply to join, but your acceptance will be based upon our availability. If we do not have any openings upon receiving your application, we will notify you once an opening is available.

Contact Ryan Torrey: ryan.torrey@cw.clife or call 570-742-3818 for questions

I have fully read and understand the above paragraph.

Print Name _____

Signature _____

Date _____

After filling out the waiver form, please return the form & payment to The Well. You will then be contacted when your membership has been processed and your key is ready for pick up.

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Well Fit Weight Room Participation Agreement

Participant Information (To be completed by participant- must be 16 years or older).

Name of participant: _____

Telephone: _____ Birthdate: _____

Membership: ____ 6 months (\$70) ____ 1 year (\$120). ____ By Month {Check to "The Well Ministry"}

Email: _____

Address: _____

Name of emergency contact: _____

Emergency Telephone (Day): _____ (Evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Referred By: _____

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant acknowledges and accepts the risks or injury associated with participation in and transportation to and from the Activity. The Participant accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

*I consent to any or all images made of me, by whatever means, to be used for publicity and/or outreach materials for Christ Wesleyan Church and The Well in any format including video, website and print. I understand that if my image is published on the internet then it will be accessible to users from all over the world and may be copied and used by any other person using the internet. Most importantly, I understand that once my image has been published on the internet, Christ Wesleyan Church and The Well have no control over its subsequent use and disclosure by others. I agree to hold Christ Wesleyan Church and The Well harmless against any and all claims or damages arising out of the making, and/or use, of any images of me.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or ONE parent/guardian if participant is a minor)

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