

Rocky Mountain Regional CASU
Wellness Center
Denver Federal Center
Bldg. 75

MEMBERSHIP AGREEMENT

Fiscal Year 2007

Assumption of Risk - Waiver of Liability

RMRC Use Only

Cash _____ Check _____
Amount Pd. _____
Months Pd. For _____
Agency _____
Date _____
Initials _____

Key Card Number: _____

Print Legibly Please

(* Are required fields – must be completed in their entirety)

Member's Full Name*: _____

Agency *: _____

(Indicate full acronym with Dept/Bureau/Agency/Division of Fed. Employee)

Member Type: Federal Employee _____ Retired _____ Immediate Family _____
Contractor _____

Office/Home Address*: _____

City _____ State _____ Zip Code _____

Office/Home Phone*: _____

Email Address: _____

Fax Number: _____

Emergency Contact*: _____

Phone*: _____

Physician*: _____

Phone*: _____

If membership is of immediate family, please indicate name of federal employee:

If contractor please indicate Federal Agency/contact name/phone number:

In consideration for access to the Wellness Center, I, * _____
employed by * _____ make the following statements and
representations, intending that RMRC and the Wellness Center rely thereon, and I agree that:

1. **I will be bound by and observe the Code of Conduct attached to this document.**
2. If I become a member I agree to pay the established fee prior to my use of the Wellness Center and will always use the key card for access. Any questions regarding this requirement will be directed to Bret Gist, RMRC in Building 41, Room 137 at the DFC; (303) 236-8107.
3. I acknowledge my own responsibility for assessing the status of my own health and fitness to engage in an exercise program. To the best of my knowledge I am in good health and know of no ailment, impairment, or any other condition that would limit or restrict my using any equipment of the facilities of the Wellness Center. I understand that I should receive approval by my physician before engaging in any exercise program if I knowingly have ailments that could restrict that program. I realize that it is necessary for me to report promptly to a qualified medical doctor any signs or symptoms indicating any abnormality or distress.
4. In consideration of my acceptance as a member, I, for myself, my heirs, executors and administrators waive and release any and all claims and rights for damages I may have or hereafter may accrue against RMRC and/or the Wellness Center Contractor.
5. I assume all the of the risks inherent to any exercise program, and in the use of all equipment, implements, or machines involved in such fitness or exercise program, including but not limited to: injury, strain, sprains, heart attacks, stroke, arrhythmias (abnormal heart beats), blood pressure irregularities, which could lead to death, etc. whether self-inflicted or caused by the unintentional acts of others.
6. I acknowledge that the facilities and locker room are unmanned and not supervised, and therefore I personally assume the risk for personal property I take into the Wellness Center and I release the Wellness Center contractor, RMRC, the Department of Health and Human Services/PSC, and all its members for any liability resulting from the loss or theft of any valuables while I am using the facilities.
7. I will immediately notify Kiel Hovland (303) 236-6911 of any equipment I suspect or know of being defective, broken, inoperative, or dangerous. Knowing the above, I assume the risks of any injuries that may result from the use of defective equipment, machinery or facilities.
8. I understand that any disputes regarding my membership fees will be directed to RMRC in Building 41 at the DFC; (303) 236-8107.

_____ *(signature)
_____ * (Date)

Wellness Center

Conduct Codes

*Users of the Wellness Center shall observe
and obey these conduct codes:*

- Refrain from physically threatening behavior and/or abusive profane language toward fellow Wellness Center users, contract personnel, and the RMRC staff.
- Refrain from giving directions regarding the Wellness Center operations to contract personnel.
- Operate and use Wellness Center equipment/facilities in a reasonable safe manner. As well as clean up after each use.
- Pay all fees, as applicable, prior to using the Wellness Center Facility.
- Observe and obey the rules of operation; i.e., wiping off machines after use, placing used weights back on weight racks, etc...Maintaining respectable/clean hygiene.

**Failure to observe the Conduct Code could result in debarment
from the Wellness Center**

Questions or comments about the conduct code requirements should be
referred to Bret Gist, RMRC
(303) 236-8107

**DENVER FEDERAL CENTER
WELLNESS CENTER/WORKOUT FACILITY**

(Operated by the Rocky Mountain Regional CASU on behalf of the members)

For the past 14 years, the Wellness Center has been serving the Federal community and its contractors. Located in building 75, it is centrally located within the Federal Center and offers the following to its members:

- **CARDIOVASCULAR AREA**

Life Cycles, Treadmills, Ellipticals, Rowing Machines, Stairmasters, & more

- **FREE WEIGHTS**

Dumbbells (3# to 75#), Weight Benches, Incline Benches, Squat Rack, Barbells

- **WEIGHT MACHINES**

Leg Press, Chest Fly, Lat. Pulldown, Abdominal Crunch, Chest Press, Arm Curl, and Many More!!

- **LARGE AEROBICS ROOM**

1500 ft² mirrored workout studio with: Fit balls, Fit tubes, Heavy bag and misc. boxing equipment, Jump Ropes, T.V. w/ DVD/VHS, aerobic library workout DVD'S tapes, and Stereo System. Classes are offered to members and nonmembers. Studio may be available upon request.

- **EXTENDED HOURS:**

Monday - Friday	4:30 AM – 10:00 PM
Saturday - Sunday	6:00 AM- 6:00 PM.

For those members who like to workout early before heading out to work, the 4:30am start is the ticket. If you are one of those who like to work off the stress of the workday, the late day workout may be what you prefer.

- **KEY CARD ACCESS ONLY**

Why the key card you ask? Simple: Cost. Going to the key card, unmanned system saves big bucks. This allows for the lower cost of a membership...and no line to slow you down at the front desk!

- **INCREDIBLY LOW MONTHLY FEE**

Month to Month	\$20	
6 Month Prepay	\$90	(= \$15/month)
1 Year ** Prepay	\$144	(= \$12/month)

** limited to the FISCAL YEAR (Oct-Sept)

FOR MORE INFORMATION, PLEASE CALL:

Kiel Hovland @ (303) 236-6911

Or visit our website: www.rmrc.casu.gov/wellness.htm