Living Well
EMPLOYEE HEALTH & BENEFITS

Please circle one: City / State / Health Department employee
Sarasota County Government
Fitness Center Membership Agreement

As I become a member of the Sarasota County Government Fitness Center(s) I understand and agree to the following:

1. All members use the fitness center(s) at their own risk and accept full responsibility for their participation.
2. I understand that the activities & equipment in the fitness center(s) may involve certain risks and exposure to personal injury, which risks and exposure I voluntarily assume by becoming a member of the fitness center(s), I also understand that an orientation to the equipment is available at my request. I hereby release in full and forever discharge Sarasota County Government, its directors, agents and employees, whether acting officially or otherwise, on behalf of myself, my heirs, executors, administrators and personal representatives from any and all claims, demands, or activities while on the fitness center(s) premises which may result in my death, injury to me or loss or damage to my property of any sort whatsoever.
3. Under no circumstances shall a member move exercise equipment or use the equipment in any manner not authorized by the Wellness Development Advisor or Health Promotion Specialist.
4. I understand that **all equipment shall be wiped down** with the supplies provided after each use.
5. I understand that this membership is only for myself. I will **not** give access to another individual or misuse the equipment or County property **or I will lose my membership** and forfeit my membership fee (if applicable).
6. I will wear my ID badge at all times when using the fitness facility.
7. I hereby understand members are to conduct themselves in a quiet, well-mannered fashion so as not to cause any disturbance, which may interfere with the use and enjoyment of the facility by others.
8. I understand this agreement must be renewed **annually for City & State** employees.
9. The County reserves the right to lock-down the facility temporarily in emergency situations.
10. Under no circumstances are children of a County, City or State employee allowed access to the fitness facility.

Any violation of these provisions by the member could cause injury to the member or other persons. The Wellness Development Advisor reserves the right to enforce these provisions immediately and to terminate this agreement for any noncompliance. The Wellness Advisor also reserves the right to rescind any or all fitness center privileges deemed appropriate by Sarasota County Government, its directors, agents or employees.

_____	_____	_____
Printed Name	Member Signature	Date
_____	_____	_____
Work Address	Work Telephone Number	E-mail Address (Work or Home)
_____	_____	_____
Home Address	City	Zip Code

Human Resources Representative Name_____ HR Phone_____

_____
Card Number * This is the 4-6 digit number from the back of either your County ID badge or the white building access card, could start with a letter and have a hyphen. AKA “Swipe Card” or “HID Card”.

If you do not have a white building access card and would like to be issued one, please **initial here:**_____

I understand that **I will NOT be notified** when my card is activated but rather will try my card 10 days after submitting my paperwork and will contact the person below **ONLY** if my card does not work. **Initial here:**____

This portion below the line is to be completed by SCG’s Living Well Program.

Brought/Faxed Doctor’s note?	Y / N	
Check for $107 Annual Fee Received?	Y / N	Check # _____
Proof of Employment	Y / N	

Completed Applications to be sent to:
Eileen Bray, 1301 Cattlemen Rd, Bldg B, Sarasota, FL 34232
T. 941-861-6833 F. 941-861-6835
ebray@scgov.net