

CALAMUS FITNESS CENTER

MEMBERSHIP FEES

Type	Billed Annually	Billed every 6 month	Billed monthly
<u>Calamus City Resident Keycard</u>	<u>\$60</u> <u>(\$5/month)</u>	<u>\$36</u> <u>(\$6/month)</u>	<u>\$7/month</u>
<u>+Additional Household Keycard (resident)</u>	<u>\$36</u> <u>(\$3/month)</u>	<u>\$24</u> <u>(\$4/month)</u>	<u>\$5/month</u>
<u>Non-Resident Keycard</u>	<u>\$120</u> <u>(\$10/month)</u>	<u>\$66</u> <u>(\$11/month)</u>	<u>\$12/month</u>
<u>+Additional Household Keycard (non-resident)</u>	<u>\$48</u> <u>(\$4/month)</u>	<u>\$30</u> <u>(\$5/month)</u>	<u>\$6/month</u>

Keycard replacement fee: \$10/card (first card is free)

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Name:

I/we verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/we further agree to adhere to the rules of the Calamus Fitness Center. If these rules are not followed, I/we agree that the City of Calamus reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

I understand that the City of Calamus assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the City of Calamus, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I/we agree that the City of Calamus shall not be responsible for any personal injuries or losses sustained by me/us while on any City premises, or as a result of any City of Calamus-sponsored event. I understand that the City of Calamus is not responsible for personal property lost or stolen while member(s) and/or program participants are using City facilities or on City premises. I/we further agree to indemnify and hold harmless the City of Calamus from any claims or demands arising out of any such claims or losses. This membership is not a contribution to the City of Calamus and is not tax deductible.

By participating in the City of Calamus' Fitness Center, I agree to release the City of Calamus from claims of negligence for bodily injury or death in connection with the use of Fitness Center facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The City of Calamus conducts regular video surveillance screenings on all members, participants, and guests. If a keycard holder breaks any rules at any time the City of Calamus reserves the right to cancel membership, end program participation, and remove visitation access without notice.

Primary Member Acknowledgement

Name Printed:

Name Signed:

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Address:

Email:

Phone number:

Date:

This is a checking or savings drafting membership
Your regular monthly draft will occur on day 10 of every month.

Monthly Draft: \$ _____
Account Type: Checking or Savings (Circle)

Bank draft payment plan is a CONTINUOUS MEMBERSHIP, and it will continue unless the City of Calamus is NOTIFIED IN WRITING 15 DAYS PRIOR TO NEXT DRAFT.

Membership rates are subject to change; you will be notified in writing prior to any membership adjustments.

I will notify the City of Calamus of change in my bank, account, phone number, email address, or home address.

I understand that, should any bank draft not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fee assessed by the City of Calamus. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid.

I attest that I have the authority to authorize recurring payments from this account.

Attach a VOIDED CHECK or fill out your banking details below:

Routing Number:
Checking Account Number:

Name Printed:

Name Signed:

Date:

(Parent /guardian if minor under 18)

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Fitness Center Rules and Policies

- The Fitness Center is open to all currently paid keycard holders.
- Membership is available to residents and non-residents
- Users must be in 9th grade or 16+ to use the facility unsupervised.
- The Fitness Center is open 24 hours a day, 7 days a week, 365 days a year.
- Tobacco, smoking, vaping, drugs or illegal substances of any kind are not permitted in the facility or on the grounds.
- No food or beverages are allowed in the Fitness Center. Bottled water/sports drinks are permissible (plastic containers only).
- You are expected to observe weight room etiquette and demonstrate courtesy towards others at all times.
- Portable stereos and electronic devices may be used with headphones only.
- Proper fitness attire is required. Appropriate SHIRTS and SHOES must be worn at all times.
- Please make sure to sanitize the equipment after each use and before you move to another workout station.
- No equipment is to be taken out of the Fitness Center.
- DO NOT step on the benches or use them to store your belongings.
- Bars, dumbbells and plates must be returned to their proper place/racks after use.
- Always remove any removable plates from barbells after use.
- DO NOT drop dumbbells and plates on the floor.
- Equipment must be handled with care; any abuse will result in loss of fitness center privileges.

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- Proper use of equipment is expected at all times.
- Please perform exercises with weight that you can safely lift or have someone spot you.
- All equipment malfunctions and concerns need to be reported to the City of Calamus immediately 563-246-2755
- The City of Calamus is not responsible for personal property that is lost, stolen or damaged.
- The rules and policies are designed to make the Calamus Fitness Center a safe and enjoyable place for all. Violations of these rules and policies can result in suspension and/or termination of your Fitness Center privileges and membership.

I have read and will abide by the rules and policies.

Name:

Signature:

Date: