



**San Juan Wellness Center
Annual Membership Agreement / Application**

First Name: _____ **Last Name:** _____

Email Address: _____ **Contact Number:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Sex (Circle):** M F **Date of Birth:** ____/____/____

Employer: _____ **Work Phone:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

- For Annual Family Pass fill out section below. Must reach requirements listed below.
- Dependents (children 18-25 years of age) **MUST BE** living with parents, **UNMARRIED** and under 25 years of age.

Child / Spouse First Name	Last Name	Date Of Birth	Sex

For Office Use Only:			
<input type="checkbox"/> Checked & Copied ID	<input type="checkbox"/> AF	<input type="checkbox"/> ASCC	
	<input type="checkbox"/> AA	<input type="checkbox"/> AY	
	<input type="checkbox"/> ASC	<input type="checkbox"/> ACH	
	<input type="checkbox"/> AC		
Annual Amount: _____ (+ Tax)	Monthly Billed: _____ (+ Tax)		
Employee Initial: _____	Amount: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check #

Membership Terms and Payment:

- 1. Annual Contract:** Beginning _____ 20____, I promise and agree to pay consecutive monthly installments for the dues of \$ _____ including sales tax. Payments are due by the 10th of the month. **If no written 30-day notice given, then this contract is automatically renewed each year.**
- 2. Cancellation:** Any cancellation prior to the completion of the 12-month term will be considered if the undersigned has moved more than 30 miles (with proof of move) or if death or permanent medical disability (with medical excuse form) prohibits participation at the San Juan Wellness Center. A written notice of cancellation must be given in the last month of the 12 Month Agreement, if you do not intend to continue participation in the program. **A fee of \$10.00 will be charged for unreturned white electronic membership cards.**
- 3. Default / Late Payment / Lost Card:** Should you default on any payment obligations as called for in this agreement the entire remaining balance shall be deemed due and payable upon demand, and you agree to pay allowable interest and all cost of collections, including but not limited to collection agency fees, court costs and attorney fees. Should any monthly payment become more than 15 days past due, your electronic pass will be deactivated and you will be charged a \$15.00 late fee to cover additional administrative expenses and to reactivate your card. A \$15.00 fee will be charged on all returned payments. Payments that are past due over sixty (60) days will be turned over to a collection agency. I also agree to pay for any fees or expenses Blanding City incurs in collecting any balance due on my account, including attorney's fees, collection agency fees, and cost of collection. A fee of \$10.00 will be charged to replace a lost white electronic card.
- 4. Facility Rules, Policies and Procedures:** All Members and Members dependent children agree to follow San Juan Wellness Center rules and policies and procedures as promulgated from time to time. Violation of these rules may be the cause for suspension or cancellation of membership. **Any member caught illegally providing access to the center to another non-member person will have their membership terminated and suspended for one year. The member will also be subject to criminal theft of services charges by the City of Blanding.**
- 5. Waiver and Release of Liability:** Our complex provides swimming, aerobics, dance, basketball, volleyball, and walking/running track, weights, fitness equipment, other physical exercise type class offerings and fitness care areas. All exercises, including the use of weights and use of any and all machinery, equipment and apparatus designed for exercising shall be at the member's sole risk. Members understand that the agreement to use, or selection of exercise program, methods and types of equipment shall be member's entire responsibility, and City of Blanding shall not be liable to members for any claims, demands, injuries, damages, or actions arising due to services, facilities and premises of City of Blanding. The City of Blanding urges all members to obtain a physical examination from a doctor before using any exercise equipment or participation in any exercise class. Members and members dependent children hereby holds The City of Blanding, its officers, owners, agents and employees harmless from all claims which may be brought against them by members or on a member's behalf for any such injuries or claims. City of Blanding is not responsible for any liability arising out of babysitting activities.

Members Signature

Date

Members Spouse Signature

Date

Adult Dependent Signature (Age 18-25)

Date

Adult Dependent Signature (Age 18-25)

Date

Parent/ Guardian Signature (If primary member is under 18 years of age parent/ guardian signature is required)

Date

Blanding City Representative

Date

Customer Copy Membership Terms and Payment:

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