



Silver Sneakers

Verified by: _____

Membership Application

**Community/Business
Memberships**

	Resident		63026 Zip		Regular Membership	
	Annual	Direct Debit	Annual	Direct Debit	Annual	Direct Debit
Youth 3-15	\$175	\$17.50	\$207	\$20.70	\$240	\$24.00
Adult 16-54	\$245	\$24.50	\$289	\$28.90	\$330	\$33.00
Household	\$410	\$41.00	\$485	\$48.50	\$555	\$55.50
Senior 55+	\$175	\$17.50	\$207	\$20.70	\$240	\$24.00
Senior Couples	\$350	\$35.00	\$414	\$41.40	\$480	\$48.00
One + One	\$380	\$38.00	\$450	\$45.00	\$517	\$51.70
Single Parent Households	\$350	\$35.00	\$414	\$41.40	\$480	\$48.00

Direct Debit Memberships are per month. A minimum of 6 months membership is required.

- *There will be no refunds on any memberships.*

Last Name _____ First Name _____

Address _____ City _____ Zip _____

HEALTHWAYS 16 DIGIT I.D. # _____

INSURANCE COMPANY: _____

Home Phone _____ Work/Cell Phone _____

Date of Birth _____ Gender _____ Email* _____

*Your e-mail address will be kept confidential & it will not be sold, disclosed to others, or used for unsolicited mass mailings.

Emergency Contact _____ Phone _____

Total _____ Cash _____ Check# _____ Credit Card _____ Gift Certificate _____

I have read the back of this form and agree to the terms and conditions stated.

Signature _____ **WAIVER SIGNED & ATTACHED** _____

Date _____ Staff Initials _____

MEMBERSHIP AGREEMENT

Member Information, Rules and Regulations:

RATES:

- **Resident Rates** – Available to any individual and households residing within the City Limits of Fenton, Missouri. Proof of residency will be required with application for membership and upon renewal. Proof of residency must be supported with a current unpaid utility bill showing name and address. Making a false statement of residency will result in revocation of membership privileges.
- **Community/Business (63026) Rates** – Available to all individuals, households and businesses in the 63026 Fenton zip code. Participants must provide proof of primary residency within the 63026 zip code and/or proof of employment with a business operating within the 63026 zip code. **If mailing address is a Post Office Box # in 63026 additional proof of 63026 actual residency must be provided.**
- **Regular Membership Rates** - Apply to all individuals, households, and businesses not included above.
- **Membership Rates** are subject to change on an annual basis. Members electing the direct debit payment plan will be notified at least 30 days in advance of a change. Members renewing annually will receive notification at the time of their renewal.

MEMBERSHIPS:

- **Household** – Up to two adults who live in the same household – their dependents, age 25 and under, who also reside in that same household. **All household members must be identified and listed at the time of purchase.**
- **Adult** – Ages 16 through 54
- **Youth** – Ages 3 through 15
- **Senior** – Age 55+
- **Senior Couple** – A couple, one of which is 55 years of age or older, both residing in same household.
- **One + One** – Membership for two people, regardless of age, residing in the same household.
- **Single Parent Household** – One parent, his/her children ages 25 years and under residing in the same household. **All household members must be identified and listed at the time of purchase.**
- **Value Cards** - 12 punch discounted day pass (not valid for program discounts) may be used for same day multiple admissions. VALUE CARD PURCHASER MUST BE PRESENT TO USE. Expire one year from purchase date.
- **Documentation for Membership** - RiverChase reserves the right to request documentation proving eligibility for any and all membership classifications and/or rates.
- **Membership Downgrades** are only permitted at the time of the anniversary date.

General Facility Information, Rules and Regulations (additional regulations specific to activity areas exist):

- **Lost or Stolen Cards** – must be replaced for a \$2 fee.
- **Children ages 2 and under** are admitted to the facility free.
- **Children 12 years and younger** require supervision. These children must either be supervised by an adult, play in the supervised “Stay ‘n Play” area (limit of 2 hours) or they can participate with a youth who is 13 years or older. Each youth, 13 and older, may supervise only one guest 12 and younger.
- **Fitness Area participants must be at least 16 years old.** Youth ages 12 - 15, may be granted usage by enrolling in a Mandatory Weight Training Class with a parent. We reserve the right to request proof of age or Weight Training Class completion card from any fitness center participant appearing to be 16 years old or younger.
- **Youth ages 9+** may walk or run the track unsupervised.
- **Youth ages 9 or younger** may walk the track only when walking with a parent or guardian.
- **No Food and Drink** may be brought into the facility, with the exception of water bottles subject to staff inspection. No beverages are allowed in the gymnasium. Glass bottles and containers are prohibited.
- **Members and guests** must abide by rules and regulations of the Parks and Recreation Department or privileges will be revoked.

Cancellations, Refunds and Renewals:

- **There will be no refunds on memberships.**
- Members must present their membership card upon entering the facility.
- Direct Debit memberships will remain in full force and are continual memberships until cancelled in accordance with the RiverChase rules and policies. Direct Debit Memberships may be cancelled AFTER six months of payments. (1st month’s payment plus a minimum of five direct debit withdrawals on the 18th of each month). Cancellation must be received in writing by the 10th of the month in order to cancel by the 18th. **Direct debit memberships do not expire and continue indefinitely unless cancellation procedure has been properly completed.**
- Once you are a member, applications only need to be filled out with a change in membership or a 30-day lapse in membership.

Waiver and Release of Liability

“No liability either expressed or implied, will be incurred by the City of Fenton, its agents, servants, employees, and volunteers arising out of the use of the premises by permittee, its agents, servants, guests, employees, assigns, successors, invitees and licensees. Member agrees to indemnify and save harmless the City of Fenton, its guests, agents, servants, employees, from and against any and all liability for damages arising from injuries to person or damage to property occasioned by any acts or omissions of (other party) its agents, servants or employees, including and all expenses, including but not limited to attorneys’ fees and costs, which may be incurred by the City of Fenton or its agents, servants or employees, in defense of any claim, action or suit, irrespective of any claim that an act, omission or negligence of the City of Fenton or its agents, servants or employees contributed to such injury or damage.”

Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Healthways participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Healthways participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Healthways participating location, any sponsoring organization, Healthways, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Healthways participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number