

FITNESS ACCESS APPLICATION

Eastern Henrico Recreation Center

Proof of residency is required. (valid driver's license, DMV ID card, or voter registration card)

Primary Applicant: _____ Date of Birth: _____
Last First MI
Street Address: _____ City: _____
State: _____ Zip: _____ E-mail: _____
Phone: _____ Emergency Contact: _____
(H) _____ (W) _____ Name: _____ Phone: _____

Secondary Applicant: _____ Date of Birth: _____
(Must be age 16 or older) Last First MI
Phone: _____ Emergency Contact: _____
(H) _____ (W) _____ Name: _____ Phone: _____

Secondary Applicant: _____ Date of Birth: _____
(Must be age 16 or older) Last First MI
Phone: _____ Emergency Contact: _____
(H) _____ (W) _____ Name: _____ Phone: _____

Secondary Applicant: _____ Date of Birth: _____
(Must be age 16 or older) Last First MI
Phone: _____ Emergency Contact: _____
(H) _____ (W) _____ Name: _____ Phone: _____
If ADA Accommodations needed, check here _____

Pass Guidelines and Refund Policy

Passes are personal to the patrons listed above. They cannot be reassigned or transferred. Patrons agree to abide by all Center rules and regulations. Eastern Henrico Recreation Center reserves the right to revoke access from patrons abusing rules, regulations and facilities. Patrons may cancel their access with written medical proof of injury, illness or disability, or relocation to a new permanent location beyond a 35-mile radius. (Note: Refund requests will be subject to a 10% administrative fee unless otherwise approved by Recreation Center Administrator.)

Durable Assumption of Risk and Release Agreement

In agreeing to use the Eastern Henrico Recreation Center as a pass holder, visitor or licensee, I affirm that my general health is good, I am not adversely affected by exercise, and I am capable of engaging in activities of a vigorous nature. I am aware that there are inherent risks of physical injury during the use of the facility and/or participation in activities. I understand that it is my sole responsibility to seek the advice of my doctor before becoming physically active or in the event that my good health or condition should change. Should my good health or condition change, I will refrain from engaging in potentially hazardous activities.

In consideration for using the facility or participating in activities, I agree to assume the full risk of any injuries, including death, damages, or loss which I, or my listed dependents, may sustain as a result of use of the facility or participation in activities. I further agree to hold harmless Henrico County, its officers, agents, and employees from any and all liability for any injuries, damages, or loss which may be suffered by me or my listed dependents as a result of, or in any way connected with, use of the facility or participation in activities. I understand that this Agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities. I have read this agreement and agree to the conditions stated above.

Primary Applicant's Signature Secondary Applicant Signature Secondary Applicant's Signature Secondary Applicant Signature
Date _____ Date _____ Date _____ Date _____

(If under 18, a parent or guardian must sign)

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Payer Name: _____

Address/City/State/Zip Code: _____

Primary Phone: _____ Secondary Phone: _____ Cell: _____

Email: _____ Gender: M/F DOB: _____

Total Fees: \$ _____

Method of Payment

(Choose one of the following payment options)

Paid in Full

- Cash Debit Card (Pin-based only) Credit Card (*American Express, Discover, Mastercard, Visa*)
 Check/Money Order # : _____ (Make check payable to "County of Henrico.")

Monthly Automated Credit Card Deductions

By signing this agreement form, I agree to participate in the Automatic Payment Service Program as outlined in this payment agreement. The Division of Recreation and Parks will submit preauthorized deduction from an authorized credit card for equal monthly payments until balance is paid in full. I understand that failure to notify the Division of recreation and Parks of any account changes which result in payment not being honored by the institution may result in bank fees. I understand that any failure in payment of the monthly payment by the financial institution will result in suspension of my account at the Fitness Center at Eastern Henrico Recreation Center and a hold will be placed on my account for future business with the Division of Recreation and Parks until all payments in arrears are paid. I also understand that failure to pay the amount due in full will result in submission of my account to collections.

Please continue to make monthly deductions of \$ _____ from my authorized credit card.

Signature of Authorization:

Date:

ACH

By signing this agreement form, I agree to participate in the Automatic Payment Service Program as outlined in this payment agreement. The Division of Recreation and Parks will submit preauthorized deductions to the financial institution listed below for equal monthly amounts for **ten months (12 month if renewing)** until balance is paid in full. I understand that failure to notify the Division of Recreation and Parks of any account changes which results in a payment not being honored by the financial institution may result in bank fees. I understand that any failure in the payment of the monthly payment by the financial institution will result in the suspension of my account access to the Fitness Center at the Eastern Henrico Recreation Center and a hold will be placed on my account for future business with the Division of Recreation and Parks until all payments in arrears are paid. I also understand that any access suspension does not forgive my obligation to pay the full balance of the amount due. I also understand that failure to pay the amount due in full will result in the submission of my account to collections.

Authorization for Automatic Payment Deductions

I, _____ authorize my financial institution _____ to accept automatic payment requests from the County of Henrico, Virginia and post them to my bank account. I understand that I am in complete control of my payment, and if, at any time, I decide to withdraw this authorization, I need only notify the County of Henrico Division of Recreation and Parks. I understand that I am responsible to pay the full amount due at the time I withdraw this authorization. I also understand that if I change or close my account at the financial institution listed on this form, I must immediately contact the Division of Recreation and Parks. For new agreements, the first and last month's payments are due at signing.

Please make monthly deductions of \$ _____ from my account on file.

Signature of Authorization:

Date:

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Physical Activity Readiness Questionnaire

Name _____ Date of Birth _____ Today's Date _____

Regular Exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first when planning to increase the amount of physical activity in your life. Please read each question carefully and circle your answer. This form will be kept on file with your application.

YES	NO	1.	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
YES	NO	2.	When you do physical activity, do you feel pain in your chest?
YES	NO	3.	When you were not doing physical activity, have you had chest pain in the past month?
YES	NO	4.	Do you ever lose consciousness or do you lose your balance because of dizziness?
YES	NO	5.	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
YES	NO	6.	Is a physician currently prescribing medications for your blood pressure or heart condition?
YES	NO	7.	Are you pregnant?
YES	NO	8.	Do you have insulin dependent diabetes?
YES	NO	9.	Are you 69 years of age or older?
YES	NO	10.	Do you know of any other reason you should not exercise or increase your physical activity?

If you answered **YES** to any of the above questions, it is your sole responsibility to seek the advice of your doctor **BEFORE** you become physically active. Tell your doctor your intent to exercise and to which questions you answered YES. If your health ever changes so you then answer YES to any of the above questions, it is your sole responsibility to seek guidance from your doctor.

I have read and understand this questionnaire. Any questions I had were answered to full satisfaction.

Participant Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature is required for youth under 18 years old.

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Fitness Center Access Agreement

- You must attend a fitness orientation prior to using the Fitness Center. An orientation can be scheduled with our staff. Only those who have gone through the registration and orientation are allowed to enter or use the Fitness Center.
- It is mandatory you have your EHRC Access Pass Tag on you at all times. It is necessary to have your Access Pass Tag on you to enter and use the fitness center. You must sign in at the Fitness Control Station with your Access Pass Tag each time you use the Fitness Center. A fee may be charged for creation of a new pass as a result of a lost pass.
- Access to the Fitness Center is limited to one hour. At least one hour must pass between uses. Use of cardiovascular equipment will be limited to 30 minutes. You will be required to sign your name and start time upon use of each piece of equipment. Use of equipment is limited to one piece of equipment at a time.
- The use of personal phones is prohibited while in the Fitness Centers, Group Exercise Room, and Locker Room with the exception of the use as a audio device solely. Photography and Video recording is strictly prohibited in aforementioned areas.
- Proper exercise attire must be worn. Opened-toed shoes, sandals, flip flops, jeans, button down and collared shirts are prohibited in the fitness center. Athletic footwear and dress are required.
- Personal items are prohibited in the Fitness Center. Please leave personal items in the provided lockers. EHRC is not responsible for any lost or stolen items left in the locker rooms. Any locks left attached to the lockers will be cut off nightly.
- No food or drinks are allowed in the Fitness Center with the exception of bottled beverages with a secure top.
- All equipment will operate on a shared basis. Equipment must be returned to its proper storage areas after use. All equipment and mats must be cleaned with cleaning solution and wiped down with a paper towel after each use.
- No outside personal training is allowed. No monies can be exchanged for outside services either in or outside of the facility.
- The fitness center is available on a flexible schedule based on programming offerings. EHRC reserves the right to close the gym at any time for any reason. The fitness center will be closed in accordance with County of Henrico Recreation and Parks Holiday schedule.

Signature of Access Pass Holder/Date: _____/_____