

FITNESS ACCESS APPLICATION

Henrico Recreation and Parks

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

Primary Applicant: _____
First M.I. Last Suffix

Date of Birth: ____/____/____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (C) _____ (H) _____ (E-mail) _____

Emergency Contact Information:

Name: _____ Relationship: _____
Last First

Phone: (C) _____ (H) _____ (E-mail) _____

Secondary Applicant: _____ D.O.B.: ____/____/____
(Must be age 16 or older) Last First M.I.

Emergency Contact Information:

Name: _____ Relationship: _____
Last First

Phone: (C) _____ (H) _____ (E-mail) _____

Secondary Applicant: _____ D.O.B.: ____/____/____
(Must be age 16 or older) Last First M.I.

Emergency Contact Information:

Name: _____ Relationship: _____
Last First

Phone: (C) _____ (H) _____ (E-mail) _____

Secondary Applicant: _____ D.O.B.: ____/____/____
(Must be age 16 or older) Last First M.I.

Emergency Contact Information:

Name: _____ Relationship: _____
Last First

Phone: (C) _____ (H) _____ (E-mail) _____

Pass Guidelines

Passes are personal to the patrons listed above. They cannot be reassigned or transferred. Patrons agree to abide by all Center rules and regulations. Henrico Recreation and Parks reserve the right to revoke access from patrons abusing rules, regulations, and facilities.

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DURABLE ASSUMPTION OF RISK AND RELEASE AGREEMENT

By submitting this application to use the Henrico Recreation and Parks' Fitness Centers as a pass holder, I affirm that my general health is good, I am not adversely affected by exercise, and I can engage in activities of a vigorous nature. I am aware that there are inherent risks of physical injury in using a facility and participating in activities. I understand that it is my sole responsibility to seek the advice of my doctor before becoming physically active or if my good health or condition should change. I further understand that it is my responsibility to exercise due care, and should my health or condition render me unable to safely use the facility or participate in activities, I will cease my use or participation.

In consideration for using the facility or participating in activities, I voluntarily agree to assume the full risk of any injuries, including death, damages, or loss that I may sustain because of use of the facility or participation in activities. I further agree to release, indemnify, and hold harmless Henrico County, its officers, agents, employees, and volunteers from any and all liability for any injuries, damages, or loss that I may suffer as a result of, or in any way connected with, use of the facility or participation in activities. I understand that under Va. Code Sec. 15.2-1809 and other Virginia law, Henrico County will not be liable in a lawsuit for damages arising out of the operation or maintenance of a public recreational facility.

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. I acknowledge that Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS, I MAY BE WAIVING CERTAIN CLAIMS. BY SIGNING THIS AGREEMENT, I KNOWINGLY AND VOLUNTARILY CHOOSE TO PARTICIPATE IN PHYSICAL ACTIVITY THAT INVOLVES RISK OF INJURY.

If this form is being completed for a minor, I affirm that the representations and warranties made above are made on the minor's behalf.

This Agreement shall be valid and binding for as long as an access pass is valid.

_____ 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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PAYMENT AGREEMENT

Payer Name: _____

Address/City/State/Zip Code: _____

Primary Phone: _____ Secondary Phone: _____ Cell: _____

Email: _____ Gender: M/F DOB: _____

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 a preauthorized deduction from an authorized credit card for monthly payments until this agreement is terminated, in writing, by either party. I understand that failure to notify the Division of Recreation and Parks of any account changes which result in the payment not being honored by the institution may result in bank fees. I understand that any failure in payment of the monthly fee by the financial institution will result in the automated credit card deductions being terminated and the access pass will expire at the end of the month currently paid for.

Signature of Authorization:

Date:

Fee: \$10 (*Individual*) \$20 (*Family*)

Single Month

Cash Credit Card

Number of Months (1-12) _____

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

- An orientation to the Fitness Center is available on request. Please see the facility staff to schedule.
- You must scan in with your Access Pass Tag each time you utilize the Fitness Center.
- Please limit cell phone conversations while using the Fitness Center.
- Please do not play music or audio using your device speakers, headphone use is required.
- Photography and Video recording is strictly prohibited in the locker rooms.
- 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 attire are required.
- Please leave personal items in the provided lockers. HCRP is not responsible for any lost or stolen items left in the locker rooms. Any locks left attached to the lockers may be removed by staff.
- No food or drinks are allowed in the Fitness Center apart from bottled beverages with a secure top.
- Use of equipment is limited to one piece of equipment at a time.
- 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 after each use.
- Please refrain from dropping or slamming weights.
- No outside personal training is allowed. No monies can be exchanged for outside services either in or outside of the facility.
- HCRP reserves the right to close the Fitness Center at any time for any reason.
- The fitness center will be closed in accordance with the County of Henrico Holiday schedule.

Signature of Access Pass Holder/Date: _____/_____