



**Peninsula Health Care District  
Health & Fitness Center**

1875 Trousdale Drive, Burlingame, CA 94010

**Peninsula Health Care District Health & Fitness Center Registration**

Member #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Date of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Info/Relationship: \_\_\_\_\_

Emergency phone: ( ) \_\_\_\_\_

Please check this box to give permission for Fitness Center Staff to notify my Emergency Contact if there is an emergency.

Allergies: \_\_\_\_\_

Activity Status: Do you currently engage in a structured exercise program?  Yes  No

Health Goals:

Improve Wellness  Increase flexibility  Increase muscle tone  Increase energy  
 Increase strength

Low back care  Manage blood pressure  Manage diabetes  Manage stress  
 Weight loss

Other: \_\_\_\_\_

Member Initials \_\_\_\_\_ 1



Peninsula Health Care District  
Health & Fitness Center

1875 Trousdale Drive, Burlingame, CA 94010

**Membership Agreement**

- I. **Single Membership.** A membership shall consist of an individual, whether married or not. The spouse, domestic partner and/or children, if applicable, shall not be entitled to the rights and privileges of this type of membership, but may be guests in accordance with the rules and regulations of The Peninsula Health Care District Health & Fitness Center. Applicants must be at least eighteen (18) years of age or older; programs are specially designed for healthy aging.
- II. **Involuntarily Termination.** The Fitness Center shall have the right, with or without cause, to revoke any membership or usage at any time by giving written notice of termination to holder of the membership. The membership of any member who is thirty or more days in arrears in the payment of their account may, at the sole discretion of the Center, be suspended until the account is paid current, in which case the member shall be responsible for dues and charges through the date of suspension.
- III. **Dues and Fees for Other Services.** All dues and fees for other services and obligations owed to the Center by a member shall be **due and payable on the first day of each month** and received *no later* than the 15<sup>th</sup> of the month. Account freezes are only permissible if member has a medical issue that hinders them from exercising. Doctor's note is required and must be presented to the Center in order to freeze and/or credit member account. The Center shall from time to time fix the amount and terms of payment for use of the Center's services and facilities by members and their guests. The Center reserves the right to adjust dues on month-to-month agreements with thirty (30) days written notice. The Center may assess additional charges for returned payments. In addition to services the Center provides pursuant to this agreement, the Center may from time to time provide additional optional services. Those services are available to members upon request and are subject to additional charges. The Center reserves the right to change the services provided and/or the amount charged therefore without notice.
- IV. **Hours of Operations.** The Center is open Monday through Friday 8 a.m. to 6:30 p.m.; Saturdays 8 a.m. to 1:00 p.m., closed Sundays. Holiday hours vary. The Center reserves the right to change the hours of operation from time to time at the Center's sole discretion.
- V. **Voluntary Termination.** If a member would like to cancel their membership, Fitness Center staff must be notified. Member will be responsible for dues during the month of their request and cancellation will be effective on the first day of the following month. If we do not receive a request to cancel membership, automatic billing will continue and member will be responsible for monthly dues accrued.
- VI. **Rules and Regulations.** All holders of a membership and users shall abide by and fully comply with all policies, rules and regulations which are from time to time adopted by the Center in the Center's sole discretion.

Member Initials \_\_\_\_\_ 2



Peninsula Health Care District  
Health & Fitness Center

1875 Trousdale Drive, Burlingame, CA 94010

- VI. **Temporary Disruptions in Services.** The Center, or certain facilities within the Center, may be temporarily closed from time to time for repairs, refurbishing, holidays, or due to damage by fire, flood, earthquake, storm, or catastrophe. Such closures do not entitle the member to an extension of the term of this agreement or a reduction in membership dues or fees.
  
- VII. **Buyer’s Right to Cancel Membership.** You, the buyer, may cancel this membership agreement at any time prior to midnight of the 5<sup>th</sup> business day of the Center after the date of this agreement, excluding Sundays and holidays. To cancel this agreement, mail or deliver a signed and dated notice, which states that you, the buyer, are cancelling this agreement, or words to similar effect. The notice shall be sent to PENINSULA HEALTH CARE DISTRICT HEALTH & FITNESS CENTER at, 1875 Trousdale Drive, Burlingame, CA If you cancel within this 5 day period, you will receive a full refund, including any processing fee, less any amount allocable to services received prior to your notice of cancellation, within ten (10) days of receipt of your cancellation notice. After this period, refunds for all or part of membership will not be made.

I, \_\_\_\_\_, have enrolled as a Member in the Fitness Center’s self-management programs and fitness offerings provided by the PHCD. I recognize that the program/classes may involve mild, moderate, and/or strenuous physical cardiovascular conditioning and training. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition that might prevent or limit my participation in these exercise programs/classes. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by the Peninsula Health Care District.

I have carefully read and fully understand The Peninsula Health Care District Health & Fitness Center policy. I agree to comply with these policies at all times. I have read and understand this entire Membership Agreement and I, for myself and any guests that I bring to the Center, agree to all terms and conditions of the Membership Agreement.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



**Peninsula Health Care District  
Health & Fitness Center**

1875 Trousdale Drive, Burlingame, CA 94010

**Photo Release**

**Authorization & Consent to Photograph, Film, Record & Publish**

I hereby grant my permission to the Peninsula Health Care District or any of its affiliates/subsidiaries to photograph or permit other persons to photograph and/or use my likeness in a photograph in any and all of its publications and marketing programs, including website entries, without payment or other consideration.

I understand and agree that these materials will become the property of the above organizations.

IN WITNESS WHEREOF, I have executed this release and indemnity on the date and year printed.

Please (✓) one of the following:

- I hereby authorize and consent to being photographed, filmed, recorded and published.
- I hereby do **NOT** authorize and consent to being photographed, filmed, recorded and published.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



**Peninsula Health Care District  
Health & Fitness Center**

1875 Trousdale Drive, Burlingame, CA 94010

**Release of Liability Waiver**

I, \_\_\_\_\_, hereby agree to the following:  
(Print Name)

- 1.) That I am participating in the training, programs, exercises, events, and fitness classes offered by the Peninsula Health Care District Health & Fitness Center instructors.
- 2.) I understand that it is my responsibility to consult with a physician prior to and regarding my participating in any fitness program. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the exercise programming.
- 3.) In consideration of being permitted to participate in any group fitness class I agree to assume full responsibility for all risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
- 4.) In consideration of being permitted to participate in any fitness program I knowingly, voluntarily, and expressly waive any claim I may have against the instructors, owners or operators of the Peninsula Health Care District Health & Fitness Center.
- 5.) I, my heirs or legal representatives' release, waive, discharge and covenant not to sue the instructors, owners or operators due to any injury or death caused by any acts related to the Fitness Center, up to and including ordinary negligence.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Membership Guidelines:

To ensure the safe and effective operation of the Fitness Center, we have listed guidelines for you.

1. Be sure to bring your **membership card** each time you come to the Fitness Center. You will be asked to swipe it through the computer before each workout.
2. Shirts that cover the mid-drift, along with comfortable shorts or long pants and shoes with rubber soles are **required while working out**. A special shoe designed for the activity you will be doing is strongly recommended.
3. Hand sanitizer is available to clean hands before/after use of the equipment. Please wipe off the machines/equipment after using them with the gym wipes provided.
4. Deposit towels in hampers and return all weights, mats and exercise balls to their appropriate place when finished.
5. Showers and lockers are available for daily use.
6. The Fitness Center's facilities are **only available to paying members**. Visitors are welcome and can pay a \$15 dollar guest fee for up to five (5) sessions per year.
7. Please refrain from bringing food or drink into the Fitness Center. Water is permitted.
8. Children under the age of 18 are **NOT** permitted in the Wellness Center.
9. Members are asked to refrain from using strong fragrances due to some members with allergies and or pulmonary limitations.
10. If you are experiencing a cold, cough or fever, please refrain from using the Fitness Center. Rest and take care of yourself!
11. We reserve the right to discontinue the membership of any individual who does not comply with these guidelines or jeopardizes the safety of themselves or other members.

**By checking this box, it indicates that you agree to adhere with the Peninsula Health Care District Health & Fitness Center guidelines.**



**Peninsula Health Care District  
Health & Fitness Center**

1875 Trousdale Drive, Burlingame, CA 94010

**MEMBER FEE INFORMATION:**

<b>New Member Monthly Fee</b>	<b>\$80 per month</b> 10% yearly and 5% half yearly discounts applied
<b>Initial Registration/Assessment</b>	<b>\$50</b>
<b>Annual Personalized Assessment (Required)</b>	<b>\$50 per year after first year</b> (payable annually on anniversary of registration date)
<b>Day Pass for Visitors</b>	<b>\$15 per session</b> (up to five (5) sessions per year)
<b>Specialty Classes</b>	<b>\$5 per class for members</b> <b>\$20 per class for non-members</b> (based upon availability)

**I choose to pay my dues:**

Month to month     Semi-annually     Annually

Amount \$ \_\_\_\_\_

Agrees to Autopay with Credit Card

**By checking this box, it indicates that you understand the Fitness Center promotes self-management as a part of the fitness program and agree that you have answered the above questionnaire accurately and correctly and agree to pay the dues and orientation fee as established.**

Member Initials \_\_\_\_\_ 7