



Wellness Center Membership Application

Applicant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Additional Family Members if Family Membership

• Member 2 Name & DOB: _____

Fob ☐ Yes ☐ No

• Member 3 Name & DOB: _____

Fob ☐ Yes ☐ No

• Member 4 Name & DOB: _____

Fob ☐ Yes ☐ No

Children must be under 21 years of age.

Membership Type (select one)

☐ Individual – Single member - \$33

☐ Family – Spouse and/or dependents (list below) - \$46

☐ Military/Student/1st Responders Individual - \$20

☐ Military/Student/1st Responders Family – \$26

☐ Government/Corporate/EMC Employees – Individual - \$28

This includes Reid State Employees

☐ Government/Corporate/EMC Employees – Family - \$36

This includes Reid State Employees

☐ Senior (55+) Individual - \$26

☐ Senior (55+) Family - \$39

☐ Day Use (GYM ONLY) - \$5

Discounts - – Must present valid IDs

Additional Fees (select)

☐ New Membership Registration - \$50

☐ Key Fob Replacement or Additional Fobs - \$10

☐ 24 Hour Access - \$10 Month

☐ Day Use Fee (GYM ONLY) - \$5

Office Use Only

Membership ID #: _____

Start Date: ____ / ____ / ____

Expiration/Renewal Date:
____ / ____ / ____

Payment Plan:

☐ Monthly ☐ Annual

Membership Total \$_____

24 HR Access \$10/mo

Subtotal – Monthly \$_____

New Member Fee \$50

Additional Key Fob Fee \$_____

\$10 x Number of Fobs

Subtotal – Setup \$_____

Amount Due: \$_____

Date Paid: ____ / ____ / ____

Staff Initials: _____



Wellness Center Membership Application

Health & Insurance Information

Do you have health insurance? ☐ Yes (Provider: _____) ☐ No

Do you currently have any illnesses, injuries, or medical conditions that may affect your ability to exercise?

☐ Yes (please explain): _____

☐ No

Emergency Contact Name: _____

Emergency Contact Phone: _____

Payment Options

Monthly Membership Fee: \$_____

Payment Method (check one):

☐ Credit/Debit Card

☐ ACH Withdrawal (complete section below)

☐ Other: _____

ACH Withdrawal Authorization (optional)

I authorize Reid State Wellness Center to initiate ACH debits from my account for membership dues.

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Signature: _____ Date: ____ / ____ / ____



Wellness Center Membership Application

Waiver & Agreement

I, the undersigned, acknowledge and understand that participation in exercise, strength training, cardiovascular conditioning, and other wellness activities at the Reid State Wellness Center involves inherent risks, including but not limited to physical injury, illness, or aggravation of pre-existing conditions. In consideration of being permitted to use the facilities, equipment, and programs of the Reid State Wellness Center, I hereby voluntarily assume all risks associated with such use and agree to the following:

1. **Release of Liability:** I release and discharge Reid State Technical College, the Alabama Community College System, the Board of Trustees, their officers, employees, agents, and representatives (hereinafter collectively referred to as "Reid State") from any and all claims, demands, actions, or causes of action for personal injury, property damage, or wrongful death that may arise from my participation in activities at the Wellness Center, whether such injury or damage results from negligence or otherwise, to the fullest extent permitted by the laws of the State of Alabama.
2. **Public Institution Status:** I understand that Reid State Technical College is a public institution of higher education governed by the Alabama Community College System, and as such, it and its employees are subject to the immunities and limitations of liability provided under Alabama law.
3. **Medical Responsibility:** I certify that I am physically able to participate in exercise and wellness activities and that I will notify staff of any medical condition that may affect my ability to safely participate. I assume full responsibility for my own health and any medical treatment that may be necessary while participating.
4. **Indemnification:** I agree to indemnify and hold harmless Reid State from any liability, costs, or expenses (including attorney's fees) arising out of my participation or that of my family members covered under this membership.

By signing below, I acknowledge that I have read, fully understand, and voluntarily accept the terms of this waiver and release.

Signature of Applicant (or Guardian if under 18): _____

Date: ____ / ____ / ____