

SHORT TERM MEMBERSHIPS



Wellness & Fitness Centers

Check box below, for membership application type:

30 Consecutive Days for \$75

Student Summer Special*: 3 months for \$99

Student Spring-Winter Special*: 2 weeks for \$35

Lee + Collier Resident 7-Day Guest Pass

NCH Post PT/Cardiac Rehab 30 Day Pass

Name: _____ DOB: _____ Gender: M or F

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ E-mail: _____

Terms & Conditions

This membership may not be shared with others, expires as stated below, and is non-refundable. Sharing the membership will result in immediate termination of the membership without a refund. Members with membership specials are not eligible for equipment orientations.

This short-term or student membership provides you with access to two NCH Wellness & Fitness Centers for the period stated below. A driver's license or other valid source of identification and or student verification is required upon purchase in addition to a membership profile photo. Student specials are available only during certain sale dates, see the front desk for details*.

Members between the ages of 12 to 15 must have a parent or guardian present while in the center. Clients under the age of 18 require parent/guardian signature below.

Member agrees that use of facility will be at members own risk. Member waives any claim for injury to member (s) for damage, lost, or theft of a member's property arising out of or in connection with use of the facility.

Member privileges may be suspended for breach of rules and regulations, undesirable behavior, or violation of any of the terms and conditions of this agreement. The failure to enforce any portion of this agreement shall not affect the enforceability of that or any other provisions of this agreement.

NCH Wellness Center reserves the right to change facilities, fees, rates, hours, schedules, instructors, rules, regulations, and policies.

This membership may not be placed on hold. Participant agrees to all policies as outlined in the NCH Wellness & Fitness Centers Membership Handbook, which can be found at www.nchmd.org/wellness.

Signature: _____ Date: _____

By signing this form, guest understands and agrees to all terms and conditions as outlined above.

For Office Use Only

Scan Code: _____ Valid To/From: _____

Staff Initials: _____ Date: _____ Payment Method: _____