

Welcome to the Duke Fitness Club!

Duke is pleased to bring you the Duke Fitness Club as part of its continuing commitment to promote health and wellness among faculty and staff. The Duke Fitness Club offers you and your family discounted membership rates to fitness facilities throughout central North Carolina.

The Duke Fitness Club's network of facilities provides comprehensive services, convenient locations and attractive rates for faculty, staff and their families. The enrollment process is coordinated through **LIVE FOR LIFE**, Duke's employee health promotion program.

Eligibility: Those eligible are all Duke University and Health System faculty and staff, retirees and their spouses or same-sex partners, and dependents. Dependents are family members who are eligible for Duke benefits. More details about who qualifies as a dependent is available online.

To Join: Complete the enclosed application and follow the instructions for submission.

Send your completed enrollment forms to LIVE FOR LIFE through any of the following options:

- **Fax:** 919-684-1852, ATTN: Duke Fitness Club
- **Campus Mail:** Duke Fitness Club; Box 3200
- **In person:** Duke South Red Zone Basement Room 04290
Office Hours: Monday - Friday, 8 a.m. - 5 p.m.(closed Wednesday 12 – 2 p.m.)

A LIVE FOR LIFE staff member will contact you when your enrollment forms have been received to complete the enrollment process.



For more information, please visit our Web site at www.hr.duke.edu/fitness or call 919-684-3136 and select option 1.



Effective date: _____



Duke Fitness Club Membership Agreement

Bodyworx Aerobics and Fitness Center

Please initial each below:

_____ I agree to a 3-month contract with Bodywork Aerobics and Fitness Center through LIVE FOR LIFE and a month-to-month contract thereafter.

_____ If I choose to cancel my membership after 3 months, I will complete a cancellation form available from LIVE FOR LIFE. After

LIVE FOR LIFE receives my cancellation form, it will take at least four weeks for the cancellation to be effective.

_____ I agree that payment is arranged for my convenience through payroll deduction; however depending on the payroll cycle, one or two month's payment upfront may be required to begin my membership immediately.

_____ I agree to allow LIVE FOR LIFE to deduct the membership fees through payroll deduction and I understand that my deduction covers 1 month in advance.

_____ I agree to notify LIVE FOR LIFE of any change in my name, address, phone number, employment or medical status.

_____ I agree to present my Duke ID at Bodyworx Aerobics and Fitness Center front desk with each visit.

Please complete the below. Please print clearly or type.

Employee name (payee): _____ Duke unique ID: _____

Duke Box #: _____ E-mail Address: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Are you a Duke retiree or current employee? _____

If you are a current employee, are you paid bi-weekly, monthly or on the last day of the month? _____

Is your position considered faculty or staff? _____

What is your work location? (circle one) Duke University Hospital Duke University Medical Center
Duke University Durham Regional Hospital Duke Raleigh Hospital

Fitness club membership category: (circle one) Single OR Employee +Spouse OR Family

Name(s) of family member(s) if applicable: _____

Projected Club Start Date: _____ Monthly Fee: _____

How did you hear about the Duke Fitness Club at Bodyworx Aerobics and Fitness Center? (Please check all that apply)

- E-mail Direct mail Another member Information booth
 Web site Flyers Orientation Other: _____

Employee Signature _____ Date _____

For LIVE FOR LIFE use only

ALL STAFF (PLEASE INITIAL)	FITNESS STAFF ONLY
_____ Membership type selected	_____ Added to PR Report
_____ Amount pd to LFL \$ _____ Source _____ Pd Date _____	_____ Added to list serve
_____ Paperwork completed for each family member	_____ Entered into Duke Log
_____ Copy of paperwork to member	_____ Entered into Healthcalc

Each member MUST sign a copy of this page.

Informed Consent for Exercise

I desire to voluntarily participate in a Bodyworx Aerobics and Fitness Center exercise and fitness program. I understand that exercise sessions may consist of both “aerobic” type activities, which use the large muscle groups in a rhythmical and repetitive manner for a sustained period, as well as muscle resistance type activities such as weight training. I understand that exercise at Bodyworx Aerobics and Fitness Center is designed to be exert ional, and that such physical exertion has the potential to improve functioning of the cardiovascular and skeletal systems, although specific guarantees of improvement cannot be made. I understand that certain physiological changes occur with exercise, some of which can pose health risks. Changes to expect include increases in blood pressure and heart rate. In rare cases, cardiac complications may occur. I agree to immediately report to a staff member any signs of physical distress or symptoms such as chest pain or unusual shortness of breath.

I agree to take personal responsibility for using proper footwear and clothing, always warming up and cooling down with each workout, asking for instructions from an instructor before using equipment, working at an exercise pace appropriate for my fitness level, and acting on adverse signs and symptoms. In consideration of my voluntary participation in Bodyworx Aerobics and Fitness Center facilities and programs, I, for myself, my heirs, executors, administrators and assigns, hereby release and discharge Bodyworx Aerobics and Fitness Center, LIVE FOR LIFE, Duke University and their agents and employees from all demands, causes of action and claims for damages suffered by me because of my participation in above-mentioned activities. I specifically release Bodyworx Aerobics and Fitness Center, LIVE FOR LIFE, Duke University, their employees and associates from all injuries or damages arising from or contributing to any physical impairment or defect I may have, whether latent or patent, and agree that Bodyworx Aerobics and Fitness Center, LIVE FOR LIFE and Duke University are under no obligation to provide physical examination or other evidence of my fitness, the same being my sole responsibility.

I have read and understand all policies and procedures of Bodyworx Aerobics and Fitness Center, and accept responsibility for abiding by all regulations and policies, which may from time to time be reasonably adopted. I understand my membership is activated once I complete these forms and pay my membership fees.

Signature _____

Date _____

