

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 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, 8a.m.- 5p.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.





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CHATHAM YMCA
MEMBERSHIP APPLICATION

Branch: _____
Date: ____/____/____
Staff Name: _____
Receipt ID#: _____

Membership Type: *(Please circle one)*

Adult Couple Family Single Parent Household Senior Citizen Senior Citizen Couple

Membership ID #: _____ Join Date: _____ LIVE FOR LIFE®

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

N A M E	Mr.	First Name	MI	Last Name	Date of Birth	Gender	Ethnic Origin
	Ms.				/ /		
	Mrs. Dr.						
H O M E	Street						Apt/Unit #
	City			State	Zip + 4	Home Phone ()	E-mail Address
	Employer Name				Position/Occupation		Driver's License/ID #
W O R K	Street						Suite #
	City			State	Zip + 4	Work Phone ()	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business
	EMERGENCY CONTACT (Other than in your household) <i>Required for all memberships</i>				Name		Phone ()

2ND ADULT

N A M E	Mr.	First Name	MI	Last Name	Date of Birth	Gender	Ethnic Origin
	Ms. Mrs. Dr.				/ /		
W O R K	Employer Name				Position/Occupation		Driver's License/ID # <i>Online Password</i>
	Street						Suite #
	City			State	Zip + 4	Work Phone	E-mail Address

DEPENDENTS AND APPLICANTS UNDER 18 YEARS OF AGE

First Name	MI	Last Name (if different)	Date of Birth	Gender	Ethnic Origin	School
			/ /			
			/ /			
			/ /			
			/ /			

Please complete reverse side

Member's Agreement:

1. Exercise is self-monitored and the YMCA encourages me to consult with my physician before exerting myself or starting any exercise program. If I have concerns regarding my level of fitness for participating in any YMCA sports or exercise programs, the YMCA cannot be held responsible for determining the level of my health or fitness in participating with any sport or health-related activity.
2. I will allow the YMCA to use photographs or videotapes taken of me within the premises of the YMCA (or its programs) for advertising or marketing purposes. I am releasing the Chatham YMCA from any claim or liability related to the use of these photographs/videotapes, and I waive all claims for myself, my heirs, and assignees against the Chatham YMCA, its employees and/or its members.
3. I, those included in my membership, and my guests will adhere to the core values of the YMCA (Caring, Honesty, Respect and Responsibility) while within the premises of the Chatham YMCA facility or while participating in any of the YMCA's programs.
4. The YMCA reserves the right to take necessary disciplinary action, including suspension and/or revocation of my membership for blatant disregard of any rules (or said values) of the YMCA, and I understand the YMCA reserves the right to do so without a refund of any paid membership fees or dues.

Members Signature: _____ **Date** _____

In further consideration of being permitted to enter the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any programs affiliated with the YMCA, without respect to location, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees, and agents hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence or the releases or otherwise.
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

Members Signature: _____ **Date** _____