

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, 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

YMCA Chapel Hill/Carrboro (Y-CH)

Please initial each below:

_____ I agree to a 3-month contract with YMCA Chapel Hill/Carrboro through LIVE FOR LIFE and 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 YMCA Chapel Hill/Carrboro 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 current employee, are you paid bi-weekly, monthly or the last day of the month? _____

Is your position considered faculty or staff? _____

Where 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 OR Single Parent

Names of family member(s) if applicable: _____

Projected Club Start Date: _____ Monthly Fee: _____

How did you hear about the Duke Fitness Club at YMCA Chapel Hill/Carrboro? (Please check all that apply)

E-mail Direct mail Another member Information booth

Web site Flyers Orientation Other: _____

Employees Signature _____ Date _____

For LIVE FOR LIFE use only

CSC STAFF INITIALS	FITNESS STAFF INITIALS ONLY
_____ Membership type selected	_____ Added to PR Report
_____ Amount pd to LFL \$ _____ Source _____ Pd Date _____	_____ Added to list serve
_____ Paperwork copy to member	_____ Entered into Duke Log
_____ Paperwork faxed to facility (919-942-0256)	_____ Entered into Healthcalc



DUKE LIVE FOR LIFE



We build strong kids, strong families, and strong communities.

Membership type: Single Couple Family Single Parent Family

HAVE YOU (OR ANY OTHER FAMILY MEMBER) BEEN A MEMBER PREVIOUSLY? YES ____ NO ____

Have you (or any other family member) ever participated in a Y program previously? Yes ____ No ____

PRIMARY MEMBER _____

First Name _____ **MI** _____ **Last Name** _____ **Gender** _____

Home Address _____ **Date of Birth** _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

Race _____ **Employer** _____ **Position** _____

Employer Address _____

City _____ **State** _____ **Zip** _____ **Work Phone** _____

Emergency Contact _____ **Phone** _____ **Relationship** _____

Email Address: _____

Would you prefer YMCA correspondence via email? Yes ____ No ____

SPOUSE _____

First Name _____ **MI** _____ **Last Name** _____ **Gender** _____

Home Address _____ **Date of Birth** _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

Race _____ **Employer** _____ **Position** _____

Employer Address _____

City _____ **State** _____ **Zip** _____ **Position** _____

Emergency Contact _____ **Phone** _____ **Relationship** _____

CHILDREN (Dependents who are 18 & under) _____

First Name _____ **Last Name** _____ **DOB** _____ **Gender** _____

First Name _____ **Last Name** _____ **DOB** _____ **Gender** _____

First Name _____ **Last Name** _____ **DOB** _____ **Gender** _____

First Name _____ **Last Name** _____ **DOB** _____ **Gender** _____

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 Chapel Hill 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* _____