



## Wellness Center Registration Form: Martin Luther King, Jr. Wellness Center

### PLEASE SELECT ONE:

\_\_\_\_\_ One year Pass (age 18-49) - \$102.25

\_\_\_\_\_ One year Pass (age 50+) - \$51.75

\_\_\_\_\_ City Employee

\_\_\_\_\_ Special Population One year - \$51.75

\_\_\_\_\_ Six month Pass (ages 18-49) - \$60.75

\_\_\_\_\_ Six month Pass (age 50+) - \$26.25

\_\_\_\_\_ Special Population Six month - \$26.25

### Participant Information (Please Print)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary # : (\_\_\_\_) \_\_\_\_\_ Alt #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_

IN CASE OF EMERGENCY, Please notify:

Name: \_\_\_\_\_ Primary #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_ Check if your information cannot be released because of your employment firm, rescue, police, etc. This information is used solely to track the diversity of participation in our program.

### PARTICIPATION AGREEMENT

I AGREE THAT THIS INSTRUMENT IS FOR REGISTRATION AND NOT FOR INSURANCE COVERAGE. I FURTHER AGREE TO HOLD HARMLESS THE CITY OF GAINESVILLE, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY AND OF EVERY KIND AND SORT WHICH MAY OCCUR BECAUSE OF PARTICIPATION IN THIS PROGRAM EXCEPT FOR THAT CAUSED SOLELY BE GROSS NEGLIGENCE OF THE CITY. IT IS UNDERSTOOD AND AGREED THAT THE DEPARTMENT OF PARKS, RECREATION AND CULTURAL AFFAIRS RESERVES THE RIGHT TO DISMISS ANY PARTICIPANT FOR JUST CAUSE. I FURTHER AGREE TO RETURN ANY AND ALL PROPERTY ISSUED TO ME, UPON THE EXPIRATION OF THIS ACTIVITY, OR WHENEVER I HAVE CEASED PARTICIPATING IN THIS ACTIVITY.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*City Employees and their spouses must complete the **Pre-Participation Health Questionnaire** and submit to a health assessment by the cities Risk Management office. Call for appointment at 393-8845.

PLEASE NOTE: There will be **ABSOLUTELY NO REFUNDS** given 10 working days after registering.

### OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ Amount: \_\_\_\_\_ Payment. Type: \_\_\_\_\_

This Form Document No. R07-0001 is a legal instrument approved by the City Attorney. Any deviations from its intended use should be authorized by the City Attorney.



Parks, Recreation and Cultural Affairs  
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