



Membership Application/Renewal



Palomar Community College District

1140 W. Mission Road, San Marcos, CA 92069 (760) 744-1150, Ext. 2838 Fax: (760) 761-3530
Member Hours: Monday – Friday: 6am-8pm, Saturday: 7am-1pm, Sunday: Closed

General Information:

Last Name: _____ First: _____ Middle Initial: _____

Student ID # (if applicable) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home or cell. Phone (____) _____ - _____ Bus. Phone (____) _____ - _____ Birth date: ____/____/____ Sex (M / F)

Whom should we contact in the event of a medical emergency?

Name: _____ Relationship: _____ Phone (____) _____ - _____

Joining, or Renewing your membership is as easy as 1-2-3!

OPTIONS (Select One)

_____ P.D: Payroll Deduction (Classified and Contracted Faculty & Staff) Yearly rate \$120/\$90 per Family member

_____ P-1: 2 Years \$254.00 Discounted Rate* Family Member: _____ G-1: \$224.00

_____ P-2: 1 Year \$150.00 Discounted Rate* Family Member: _____ G-2: \$124.00

_____ P-3: 6 Months \$84.00 Discounted Rate* Family Member: _____ G-3: \$64.00

_____ P-4: 3 Months \$64.00 Discounted Rate* Family Member: _____ G-4: \$40.00

_____ S-1: Monthly \$20 + \$10 (Monthly Membership Rate + \$10 Administrative Fee for new and expired 3 months or more)

(*Late fee of \$5 will be applied if S-1 membership is not renewed by the 5th of the following month.)

Discounted Rate* Family Member: _____ S-2: \$15 +\$10

Family Member Discounts *are only applicable with a Paid-in-Full Primary member for the same period or longer.

The following persons are eligible for the family member discount (one family member must pay the regular rate):

Spouses Children (min. 18 yrs old) Parents Siblings

PARKING

Parking is available, **for purchase**, to all members who are NOT current Palomar College faculty, staff, or students.

A replacement fee will be charged for all lost or stolen parking permits.

VISITORS

All (18 & above) residents of San Diego County receive 3 FREE Visits per year.

FREEZING YOUR MEMBERSHIP

Memberships may be frozen for a minimum of one month. See a FC Staff member for details.

FITNESS CENTER STAFF

Payroll Deductions: YES or NO

Membership: _____

Family Rate: _____

Administrative or Late Fee: _____

Parking: _____

Six Months \$60.00 or Monthly \$10.00

Total: _____

Method: CASH CHECK CHARGE

Staff Member: _____

Today's Date: _____

Applicant Signature: _____ **Date:** _____

--ALL FEES ARE NON-REFUNDABLE REGARDLESS OF USAGE--

Assumption of Risk and Release of Liability – READ BEFORE SIGNING

I have read the foregoing Fitness Center Handbook- Gym/Membership Contract waiver (*handbook is available at Fitness Center Front Desk and online at <https://www2.palomar.edu/pages/fitnesscenter/>*) and release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. No oral representations, statements or inducements apart from this release have been made. I have voluntarily executed this document with full knowledge of its content.

I, (please print) _____ understand and agree that use of the Palomar College Fitness Center is entirely voluntary and that there are risks that may result in accidents, injuries, or even death. I freely assume these risks. I further agree to indemnify and hold harmless the Palomar Community College District, its employees, officers, and Governing Board from and against all claims, demands, losses, actions, causes of action, liability, costs, expenses, and attorney's fees, arising out of, or in any way connected with my presence in and or use of the Fitness Center, without regard to actual and/or legal cause thereof.

Palomar College Fitness Center reserves the right to amend this Contract, Rules, Policies/Procedures, and prices as needed.

Palomar College Fitness Center reserves the right to cancel a Member's Membership and/or Membership contract for any or all of the following reasons:

- If the Member is found guilty of stealing equipment, supplies, money, or any other property.
- If a Member is physically violent towards any other Member, Student, Instructor or Staff Member.
- If a Member is verbally abusive towards any Member, Student, Instructor or Staff Member.

****All fees are non-refundable.****

Members are responsible to give the Fitness Center written notices of any and all address changes. Failing to give notice presumes that all communication/billing is received.

Members and guests must be at least 18 years of age. Guests that live in San Diego North County receive three FREE visits per year. All guests must sign a Liability Waiver, prior to exercise.

*****The Palomar College Fitness Center urges all Members to seek the clearance of their physician prior to starting an exercise program.**

- I am in good physical and mental health and do not have any physical or mental conditions that could affect my ability to use or participate at the Fitness Center. I am aware that Palomar College and the Fitness Center do not provide on call medical personnel.
- I hereby consent to medical treatment: in a medical emergency where I am unable to consent to such treatment.
- I understand that Palomar College does not assume responsibility for any loss, injury or damage to person or property in connection with use of/or participation in Palomar College and the Fitness Center.
- I understand and agree that Palomar College is not responsible for property that is lost, stolen, or damaged while in, on or about the premises.
- I agree to be solely responsible for the safety and wellbeing of my guest (s) and myself. I understand that Palomar College Fitness Center does not provide supervision, instruction, or assistance for the use of the facilities and equipment.
- I have read and agree to comply with all applicable Contract, Rules, and Policies/Procedures, including but not limited to those that apply to the use of/or participation in Palomar College Facilities and Programs. I understand that permission to use or participate in some or all Facilities and Programs may be suspended, revoked or denied by Palomar College and/or the Fitness Center in its sole and complete discretion. If I observe a hazard during my presence or participation, I will immediately remove myself from participation and bring the hazard to the attention of a Palomar College and/or Fitness Center Staff member.

VISITOR ACTIVITY / POOL PASS

Hold Harmless Agreement / Waiver of Liability

VOLUNTARY WAIVER OF LIABILITY & RELEASE ACKNOWLEDGEMENT FORM

- I, the above named participant, am eighteen years of age or older and acknowledge I have voluntarily accepted full and complete responsibility for my involvement and activity by voluntarily participating in the above identified activity at Palomar College, in conjunction with my Palomar College Fitness Center Membership.
- I acknowledge that the nature of the activity/event will possibly expose me to hazards or risk, including possible malfunction of equipment that may result in, but not limited to, my illness, injury, or death, including permanent and life-compromising or life-terminating injuries. I fully understand and am aware of the serious nature of such hazards and risks and accept all with no reservation of right or extension of liability, and waive any right to claims for this activity whatsoever. I acknowledge by completing this form, I will have no legal recourse for anything closely or remotely considered for cause or contributory cause to any damages, injury or harm from these activities. I release from any and all liability for any loss, damage, injury or expense that I or my guests suffer as a result of my participation due to any cause whatsoever.
- I knowingly understand and agree, as a participant, I shall indemnify, defend and hold harmless the Palomar Community College District Directors, its officers, agents, representatives, and employees from all claims, suits, or actions of any nature arising out of my participation in the activity other than acts of deliberate gross negligence by Palomar College, its officers, employees, and/or agents. In consideration of my responsible participation in the activity, I deliberately, knowingly, and purposefully hereby accept all risk to my health, injury, or death that may result from such exposure and participation.
- In signing this waiver, I acknowledge that I have read it, understand its significance and am signing voluntarily of my own free will.

Name (Printed)

Date

Member Signature

Employee Signature

