

GOODYEAR FITNESS CENTER

Informed Consent Agreement

This Facility follows all A.C.S.M. Guidelines

Thank You for choosing to use the facilities, services, or programs of Goodyear Fitness Center. We require that you understand and cooperate in maintaining both your health and safety by reading and signing the following informed consent agreement.

I _____ Declare that I intend to use some or all of the activities, facilities, programs, and services offered by GOODYEAR FITNESS CENTER. I understand that each person, (Myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, facilities, programs, and services are self directed. I assume full responsibility, during and after my participation, for my choices to use or apply at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activities, facilities, programs, or services offered by GOODYEAR FITNESS CENTER brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

The programs that involve a free weight training protocol will have added risks. The risks are but are not limited to: A person could become pinned under a weight when training without a spotter, the person next to you may lose control of his/her weight and may drop it on or near you. Serious injury could result from improper technique. In the event of an injury basic first aid will be provided, and Emergency services will be called provided the situation is appropriate. No compensation for loss of income, pain and suffering, or other forms of compensation will be provided by GOODYEAR FITNESS CENTER as a result of an exercise related injury or accident.

I recognize that by participating in the activities, facilities, programs, and services offered by GOODYEAR FITNESS CENTER, I may experience potential health risks such as light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, and or death, and that I assume fully and willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during or immediate after my participation. I understand that I may stop or delay my participation in any activity if I so desire and that I may also be requested to stop and rest by a supervising employee who observes symptoms of distress or abnormal response.

I understand that I may ask any question or request further explanation or information about the activities, facilities, programs, and services offered by GOODYEAR FITNESS CENTER at any time before, during or after my participation.

I declare that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

Signature _____

Date _____

Witness _____



GOODYEAR FITNESS CENTER



6224 Logan Avenue Lincoln NE 68507

402-464-5000

WWW.GYFITNESS.COM

Individual Membership

1-month \$53.50
 3-month \$157.00
 6-month \$278.00
 12-month \$480.00
EFT - \$40.00

Family Membership Spouse + Spouse

1-month \$76.00 Children High School
 3-month \$216.00 and Younger Only!
 6-month \$392.00
 12-month \$672.00
EFT - \$56.00

Student / Senior 55+

1-month \$45.00
 3-month \$95.00
 6-month \$187.00
 12-month \$346.00
EFT - \$28.50

Student / Senior Family 55+

1-month \$53.50
 3-month \$157.00
 6-month \$278.00
 12-month \$480.00
EFT - \$40.00

**STUDENT ID REQUIRED FOR STUDENT RATE
 NO CORPORATE DISCOUNTS ON STUDENT OR SENIOR RATES**

High School Student - \$30.00 per month / Punch Pass 15 Punches \$70.00
3 Month Restricted Memberships Individual - \$100.00
Daily - \$10.00 or \$7.50 with current member.

Please Print Application!!!!

Name _____ D.O.B. _____

Address _____ City _____ Zip _____

HomePhone _____ E-Mail _____

Spouse _____ D.O.B. _____

Emergency Contact _____ Phone _____

Children – Included on Family Membership thru High School only!

Name _____ Grade _____ D.O.B _____ Age _____

Name _____ Grade _____ D.O.B _____ Age _____

Name _____ Grade _____ D.O.B _____ Age _____

Receipt # _____ Membership # _____ Sold By _____

Amount Paid _____ Cash _____ Check _____ Charge _____

Type of Membership _____ Start Date _____ Expires _____