

UAMS Fitness Center Rules & Regulations



UAMS Fitness Center Registration Form

1. UAMS photo ID is required to access the Fitness Center.
 2. It is strictly prohibited to loan your badge to anyone or to allow access to anyone not authorized to use the facility. This violation will result in automatic termination of membership.
 3. Spouse/companion will need to obtain a photo ID badge if he/she has signed up to use the facility. Badge fee is \$5.00.
 4. Employee/student must be a member to extend membership to spouse/companion.
 5. Membership does not include parking fees.
 6. You must be 18 years of age to become a member.
 7. The UAMS Fitness Center will be open 24 hours a day, seven days a week.
 8. The Fitness Center will not be staffed 24 hours a day. The premise has a panic button, an emergency phone and security cameras (not constantly monitored).
 9. Lockers are available to be used at no charge. You will need to provide your own lock.
 10. Locks must be removed when you leave. Locks will be cut off after a 24 hour period.
 11. UAMS and the Fitness Center are not responsible for lost or stolen property.
 12. Members are responsible for cleaning equipment after each use. Gym wipes are provided for your convenience.
 13. Members are responsible for putting weights and other equipment in the proper place after use.
 14. Members must wear shirt, closed-toe shoes and appropriate exercise attire.
 15. Existing UAMS policies will be enforced.
 16. If you are deemed responsible for intentional damage to property, you will be financially responsible and the matter will be turned over to the UAMS police.
- TERMINATION POLICY:**
17. To terminate a membership, the member is required to fill out the Fitness Center cancellation form and the cancellation form serves as a 30-day notice to the UAMS Fitness Center.
 18. The termination will be effective on the 30th day of the month or the last day of the pay period, whichever is later. Fees will not be prorated for a partial month.
 19. You are responsible for your fees regardless of your use or non-use of the facility. Your membership will not be cancelled for nonattendance.
 20. Once a month starts, you are responsible for that month's fee.
 21. Any canceled member rejoining within a year will be assessed a \$50 rejoin fee unless waived by fitness center staff.

Refusal to comply with these rules will result in termination of membership.
I have read, understand and will comply with the rules for the UAMS Fitness Center.

Signature

Date

SAP/Student ID Number: _____ Date: _____

Name: _____
Last First M.I.

Barcode # _____

Membership type and payment method options:

Membership Type	Payment Method
UAMS Employee	Payroll Deduction
Contract Employee Student U-temp Other (VA Employee, Weight Control, Retiree...)	Bank Draft or Revolving Credit Card

Guest Policy

Members are permitted to bring guests to the UAMS Fitness Center under the following guidelines:

1. Guests must be 18 years of age or older
2. Guests must sign a waiver
3. Each guest is allowed a maximum of two visits
4. Guest must follow all rules and regulations of UAMS and the UAMS Fitness Center
5. Member is responsible for guest and his / her actions at all times
6. Guests must be brought during staffed hours, 6:00 a.m. until 6:00 p.m., Monday through Friday
7. Evening and weekend guests are not allowed unless approved by the Fitness Center manager
8. Violation of any of these rules will result in immediate cancellation of membership

*If you are a spouse or companion, what is the name of your sponsoring employee or student?

Employee's or Student's Name _____ Phone number _____

Work phone: () _____ Home phone: () _____

E-mail address: _____

Home address: _____

Street _____

City _____ State _____ Zip _____

Gender: (circle one) Male / Female Date of birth: _____

(mm/dd/yyyy)

Emergency contact: _____ Phone number: () _____

Emergency contact: _____ Phone number: () _____

UAMS Fitness Center

Personal Information

Work department (if UAMS employee): _____

For students only

Enrolled college: COM CON COP COPH CHRP GRAD

Student graduation year: _____

After graduating, students transitioning to become UAMS employees may borrow a temporary badge until the employee badge is issued. There will be a \$5 deposit fee which will be reimbursed when the badge is returned.

Check if you have or have ever had any of the following conditions: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Coronary heart disease | <input type="checkbox"/> Low back pain | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Thyroid problem |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Stroke | <input type="checkbox"/> Sports-related injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Surgery |

If you checked any of the above, please give a brief explanation (date, nature of condition). _____

Do you have any health condition the UAMS Fitness Center staff should be aware of? _____

UAMS Fitness Center

Release and Waiver of Liability Form

HEALTH STATEMENT: In requesting permission to access or use the equipment of the UAMS Fitness Center facility, I affirm that my general health is good and that I am not adversely affected by the exercise I will undertake. I further affirm that I am able to perform exercise of a vigorous nature. I am not currently under the care of a physician who should be advised of my desire to participate in this physical activity. If I am under the care of a physician, I affirmatively state that I have received his/her permission to participate in vigorous exercise at the UAMS Fitness Center.

AGREEMENT TO FOLLOW RULES AND POLICIES: I understand that the UAMS Fitness Center facility provides both directed and self-directed programs and that I may not be provided with any fitness instruction. I agree to follow all rules and policies of the UAMS Fitness Center facility and to abide by any reasonable requests concerning use of the facility directed to me by the staff of UAMS. I agree to operate and use the equipment only in the manner in which it was designed and intended to be used, following all written and verbal instructions provided by UAMS Fitness Center staff. I understand that my failure to abide by and to follow instructions or requests may result in the termination of my privileges of using the facility. I further understand that UAMS has the right to terminate or alter my privileges at the facilities at its complete and unilateral discretion.

RELEASE AND WAIVER: In consideration of my access to the UAMS Fitness Center facility, I hereby accept all risks to my health and of my injury or death that may result from such participation, and I hereby release the University of Arkansas (UA), its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my use of the facilities, whether caused by negligence of the University, its governing board, officers, employees, or representatives or otherwise. I agree to release and hold harmless the University of Arkansas and its employees from any and all liability whatsoever which may result from my use of the facility or equipment. This statement shall serve as a release and hold harmless of UA and its employees by my heirs, executors, administrators, if any and me.

I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action for my injury or death or damage to my property that occurs while using the UAMS fitness facility, and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Signature: _____ Date: _____

Name (please print): _____

Witness' Signature: _____ Date: _____

Name (please print): _____