

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, 8a.m.-5p.m. (closed Wednesday 12-2p.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 Website at www.hr.duke.edu/fitness or call 919-684-3136 and select option 1.





At Duke

Effective Date: _____

Duke Fitness Club Membership Agreement

New Millennium Fitness (NMF)

Please initial each below:

- _____ I agree to a 3-month contract with New Millennium Fitness Center 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 New Millennium Fitness front desk with each visit.

Please complete the below. Please print clearly or type.

Employee name (payee): _____ Duke unique ID: _____
 Duke Box #: _____ Email 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 on 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* *Other: _____*

Fitness club membership category: (circle one) *Single* OR *Employee +Spouse* OR *Family*
 Names of family member(s) if applicable: _____

Select one of the following: *Note-Pool access is available only at the Mebane location:*

- Option #1 - Fitness club membership ONLY. _____ Monthly Fee: _____
- Option #2 - Fitness club membership plus (+) pool access. (Monthly Fee +\$10.00) _____ Monthly Fee: _____
- Option #3 - Fitness club Pool Access ONLY. (\$20.00) _____ Monthly Fee: _____

****If adding to your current membership, circle all that apply:*** Adding Spouse OR Adding Family OR Adding Pool
 Projected Club Start Date: _____ New Monthly Fee: _____

Employees Signature _____ Date _____

For LIVE FOR LIFE use only

ALL STAFF (PLEASE INITIAL)	FITNESS STAFF ONLY
_____ Membership type selected	_____ Added to PR Report
_____ Amount pd to LFL \$ _____ Source _____ Pd Date _____	_____ Added to list serve
_____ Paperwork completed for each family member	_____ Entered into Duke Log
_____ Paperwork faxed to facility (919-304-6197) long distance	_____ Entered into Healthcalc

Each member MUST complete a copy of this page.

How did you hear about New Millennium Fitness Center? (Please check all that apply)

- | | | | | |
|----------------------------------|--------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Another member | <input type="checkbox"/> Information booth | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Website | <input type="checkbox"/> Flyers | <input type="checkbox"/> Orientation | <input type="checkbox"/> Other: _____ | |

Informed Consent for Exercise

I desire to voluntarily participate in an NMF exercise and fitness program. I understand that exercise sessions may consist of both “aerobic” type activities, which use the large muscle groups in a rhythmical and repetitive manner for a sustained period, as well as muscle resistance type activities such as weight training. I understand that exercise at NMF is designed to be exertional, and that such physical exertion has the potential to improve functioning of the cardiovascular and skeletal systems, although specific guarantees of improvement cannot be made. I understand that certain physiological changes occur with exercise, some of which can pose health risks. Changes to expect include increases in blood pressure and heart rate. In rare cases, cardiac complications may occur. I agree to immediately report to a staff member any signs of physical distress or symptoms such as chest pain or unusual shortness of breath. I agree to take personal responsibility for using proper footwear and clothing, always warming up and cooling down with each workout, asking for instructions from an instructor before using equipment, working at an exercise pace appropriate for my fitness level, and acting on adverse signs and symptoms. In consideration of my voluntary participation in NMF facilities and programs, I, for myself, my heirs, executors, administrators and assigns, hereby release and discharge NMF, LIVE FOR LIFE, Duke University and their agents and employees from any and all demands, causes of action and claims for damages suffered by me as a result of my participation in above mentioned activities. I specifically release NMF, LIVE FOR LIFE, Duke University, their employees and associates from all injuries or damages arising from or contributing to any physical impairment or defect I may have, whether latent or patent, and agree that NMF, LIVE FOR LIFE and Duke University are under no obligation to provide physical examination or other evidence of my fitness, the same being my sole responsibility. I have read and understand all policies and procedures of NMF, and accept responsibility for abiding by all regulations and policies, which may from time to time be reasonably adopted. I understand my membership is activated once I complete these forms and pay my membership fees.

Signature _____

Date _____

Each member MUST complete a copy of this page.

Club Policy & Guidelines:

Members and guests acknowledge that you are physically able to engage in any activity, program, or training provided and agree that all exercises and use of the facility are undertaken at your sole risk. You also agree to accept full responsibility for all personal belongings. Any child under the age of 15 must be accompanied by an adult and under the supervision of that adult at all times. Derogatory remarks involving any other member or club personnel will not be permitted. I agree to do my part in keeping New Millennium Fitness a nice facility for all to enjoy by doing the following:

Proper Clothing & Hygiene:

Clean and appropriate athletic shoes, shorts, tops, pants, and spandex accessories only. Improper hygiene will be addressed if necessary. No belt buckles, work boots, blue jeans, loose jewelry, heavy perfume or cologne may be worn in the workout areas.

Facility & Equipment:

Please ask a staff member for assistance on the use of any equipment or questions regarding anything at New Millennium Fitness. We are here to help you and to make your visit a pleasant one.

- Place used towels in laundry baskets – if you accidentally take a towel home, return it on your next visit.
- Discard trash and water bottles in the wastebaskets. Show respect to others by refraining of the use of profanity or extremely loud talking.
- Use your workout towel to wipe of equipment and benches after use.
- Protect the equipment by not dropping the free weights. Replace weights on racks after workout. Do not attempt to repair or adjust equipment. Report any equipment problems to a staff member.
- Use collars or clips on free bar lifting. Always use a spotter when attempting maximum weight lifting.
- I understand that New Millennium Fitness uses an assortment of music in an effort to accommodate all members. Feel free to bring or purchase a headset to listen to your own music.

Waiver & Release Agreement:

Because physical exercise can be strenuous and subject to risk of serious injury, New Millennium Fitness urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so **entirely at your own risk**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of - (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, supervision, or dietary recommendations, and (d) your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge New Millennium Fitness and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Club, its agents, and employees. If any portion of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signature _____

Date _____