



Sarasota County Government
Fitness Center Membership Agreement
For Spouse of a County Employee

As I become a member of the Sarasota County Government Fitness Center, I understand and agree to the following:

- 1. All members use the fitness center at their own risk and accept full responsibility for their participation.
2. I understand that the activities & equipment in the fitness center may involve certain risks and exposure to personal injury...
3. Under no circumstances shall a member move exercise equipment or use the equipment in any manner not authorized by the Wellness Development Advisor or Health Promotion Specialist.
4. I understand that all equipment shall be wiped down with the supplies provided after each use.
5. I understand that this membership is only for me. I will not give access to another individual or misuse the equipment or County property or my spouse & I will lose our memberships.
6. I will wear my ID badge at all times when using the fitness facility.
7. In consideration of the use of the Fitness Center, I hereby understand members are to conduct themselves in a quiet, well-mannered fashion so as not to cause any disturbance...
8. I understand this agreement must be renewed every 3 years.
9. The County reserves the right to lock-down the facility temporarily in emergency situations.
10. As a County employee I take full responsibility for any & all actions of my legal spouse while at the fitness facility and by signing below I recognize this responsibility and I also understand it is my responsibility to notify the Wellness Advisor if my marital status or spouse were to change.
11. Under no circumstances are children of a County employee allowed access to the fitness facility.

Any violation of these provisions by the member could cause injury to the member or other persons. The Wellness Development Advisor reserves the right to enforce these provisions immediately and to terminate this agreement for any noncompliance. The Wellness Advisor also reserves the right to rescind any or all fitness center privileges deemed appropriate by Sarasota County Government, its directors, agents or employees.

I have attached a note from my MD stating I can exercise unsupervised.

I understand that I will NOT be notified when my card is activated but rather will try my card 10 days after submitting my paperwork and will contact the person below ONLY if my card does not work. Initial here: _____

Printed Name (Spouse of County Employee) Spouse Signature Date telephone number

Employee Name Employee Signature Date

Employee's Unit/Interoffice Mailing Address Address Employee's Work Telephone Number Employee's E-mail

Employee Card Number Spouse Card Number

Please submit application and MD note to:
Eileen Bray, Administrative Coordinator
1301 Cattlemen Rd. Bldg B, Employee Health Center, Sarasota, FL 34236
T. 941-6833 F. 941-861-6835
ebray@scgov.net