

# National Fitness Center Membership Agreement Knox County Government Employees Only

Return to: Knox County Benefits, Suite 345, CCB Fax: 865.215.2474 Phone: 865.215.3800

**NEW Membership Agreement** (for employees who do not currently have payroll deductions for National Fitness Center membership)

**RENEWAL Membership Agreement** (if you currently have an employee membership)

Has the type of membership changed? (Employee Only, Employee +1, or Family)

No

Yes

**Qualifying Event** Date: \_\_\_\_\_

## Employee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Type of Membership:

**Employee Only** - \$39.95 per month, payroll deducted as \$19.98 per pay period

**Employee + 1** - \$49.95 per month, payroll deducted as \$24.98 per pay period  
(plus one, could be spouse or a dependent child under age 26)

**Family** - \$89.95 per month, payroll deducted as \$44.98 per pay period  
(Family could include spouse and dependent children under age 26)

List spouse or dependent children under age 26 to be covered:

Relationship	Last Name, First Name	DOB	Relationship	Last Name, First Name	DOB
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**IMPORTANT:** This plan and deduction amount cannot be changed during the plan year unless you have a qualifying event as determined by Knox County Benefits Department and National Fitness Center. Deductions will be taken out 24 pay days per year. By signing this agreement, you agree to continue the membership at this rate until **June 30, 2017**.

I, \_\_\_\_\_ authorize Knox County to deduct payroll deductions in the  
print employee name here

amount described above. I understand that this amount cannot be revoked or changed unless approved by the Benefits Department at the time of a valid, Qualifying Event.

**RELEASE:** It is further expressly agreed that all exercises, use of exercise machines, tanning machines, tanning products, nutritional supplements, foods, drinks and other services or products offered shall be undertaken by Member(s) at Member(s) sole risk and that the Health Club, the operator, its employees, agents and assignees shall not be liable to Member(s) for any claims, demands, injuries, damages, actions, or cause of actions whatsoever to Member(s) or his/her property arising out of or connected with the use of any of the services and/or facilities of Health Club, its operator, employees, agents or assignees, including the premises where the Health Club is located, and the Member hereby expressly releases and forever discharges said Health Club, its operator, employees, agents and assignees from all such claims, demands, injuries, actions or causes of action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date