



Fitness Center Membership

(check one)

NEW: ____

You are new if: 1) you have not been a fitness center member before OR
2) you have been a member in the past but your membership has lapsed.

RENEWING: ____

Please check renewing ONLY if your membership is still current.

Date: _____

Name: _____

SEBA No.: _____

Phone Ext.: _____ Division: _____

Badge No.: _____

Mail STOP: _____

E-mail Address: _____

Please check a membership plan below:

Membership Plan: New

Renewing

Individual

3 months @ \$45.00 _____

3 months @ \$30.00 _____

6 months @ \$75.00 _____

6 months @ \$60.00 _____

12 months @ \$115.00 _____

12 months @ \$100.00 _____

Employee & Family Member:

6 months @ \$115.00 _____

6 months @ \$100.00 _____

12 months @ \$195.00 _____

12 months @ \$180.00 _____

Name of Family Member: _____

Membership Period: _____ to _____

Emergency Contact:

Office Contact:

Name: _____

Name: _____

Phone No.: _____

Phone No.: _____

Agreement: I agree to abide by all the rules and regulations that govern the SEBA Fitness Center. I agree that I will use only exercise equipment I am physically fit to operate and will use the equipment in a safe and proper manner. I also realize that (NIST & SEBA) nor any of its staff is liable for any personal harm or injury that may occur to me as a result of improper use of the facilities or equipment or for injuries that may be sustained as a result of ill health or preexisting physical defect. I understand, too, that NIST & SEBA are not responsible for articles lost or stolen in the facility.

Applicant Signature: _____

SEBA Sports & Fitness

RELEASE OF LIABILITY

In consideration of gaining membership in SEBA and being allowed to participate in the activities and programs of SEBA and to use the facilities and equipment provided by SEBA, I do hereby waive, release and forever discharge NIST and SEBA officers, employees, representatives and all others from any and all responsibility or liability for injuries or damages incurred while participating in any SEBA-sponsored sports and/or exercise activity, whether on or off the NIST grounds.

I understand that participation in SEBA sports activities and the use of the SEBA Exercise Facility, hereafter referred to as "SEBA Programs", is potentially hazardous. I also understand that sports and exercise activities involve a risk of injury and even death and that I am voluntarily participating in SEBA Programs and using the facilities and equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death, regardless of age, pregnancy, or medical condition.

I hereby acknowledge that I have been advised to seek advice from a physician regarding my participation in SEBA Programs. I also acknowledge that it has been recommended that I undergo a yearly or more frequent physical examination and consultation with my physician as to my participation in SEBA Programs. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in SEBA Programs without the approval of my physician and do hereby assume all responsibility for my participation.

I certify that I have read and understand all of the foregoing and by signing this release, I am legally bound to the provisions contained herein.

Signature

Date