

City of Gainesville

Martin Luther King Jr. Wellness Center Membership

PLEASE SELECT ONE:

- One year Pass (age 18-49): City Resident \$107.50 Non-City Resident \$134.00**
- One year Pass (age 50+): City Resident \$54.25 Non-City Resident - \$67.75**
- One year Special Population: City Resident \$54.25 Non-City Resident - \$67.75**
- Six month Pass (ages 18-49): City Resident \$63.75 Non-City Resident - \$79.50**
- Six month Pass (age 50+): City Resident \$27.50 Non-City Resident - \$34.25**
- Special Population Six month: City Resident \$27.50 Non-City Resident - \$34.25**
- City Employee/Retired City Employee**

*City Employees and their spouses must complete the **Pre-Participation Health Questionnaire** and submit to a health assessment by the cities Risk Management office. Call for appointment at 393-8845.

Participant Information (Please Print)

Name: _____ Sex: _____ Race: _____ DOB: _____
____/____/____

Address: _____ City: _____ Zip: _____

Primary # : (____) _____ Alt #: (____) _____ Email: _____

Medical Conditions or Allergies: _____

IN CASE OF EMERGENCY, Please notify:

Name: _____ Primary #: (____) _____

Address: _____ City: _____ ZIP _____

____ Check if your information cannot be released because of your employment firm, rescue, police, etc.
This information is used solely to track the diversity of participation in our program.



Parks, Recreation and Cultural Affairs
A CAPRA Accredited Agency

PARTICIPATION AGREEMENT

I AGREE THAT THIS INSTRUMENT IS FOR REGISTRATION AND NOT FOR INSURANCE COVERAGE. I FURTHER AGREE TO HOLD HARMLESS THE CITY OF GAINESVILLE, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY AND OF EVERY KIND AND SORT WHICH MAY OCCUR BECAUSE OF PARTICIPATION IN THIS PROGRAM EXCEPT FOR THAT CAUSED SOLELY BE GROSS NEGLIGENCE OF THE CITY. IT IS UNDERSTOOD AND AGREED THAT THE DEPARTMENT OF PARKS, RECREATION AND CULTURAL AFFAIRS RESERVES THE RIGHT TO DISMISS ANY PARTICIPANT FOR JUST CAUSE. I FURTHER AGREE TO RETURN ANY AND ALL PROPERTY ISSUED TO ME, UPON THE EXPIRATION OF THIS ACTIVITY, OR WHENEVER I HAVE CEASED PARTICIPATING IN THIS ACTIVITY.

SIGNATURE _____

DATE _____

PLEASE NOTE: There will be **ABSOLUTELY NO REFUNDS** given 10 working days after registering.

Martin Luther King Jr. Wellness Center Hours

Monday – Friday: 7am-9pm

Saturday: 10am-6pm

Sunday: 2-6pm

Times are subject to change for programs, holidays, special events and other department needs at any time. Please note that the wellness center will be closed for an hour during the day to clean and disinfect the equipment. We apologize for any inconvenience.

OFFICE USE ONLY

RECEIPT # _____ Amount: _____ Payment. Type: _____

This Form Document No. R07-0001 is a legal instrument approved by the City Attorney. Any deviations from its intended use should be authorized by the City Attorney.

Document updated: October, 3 2023. Content subject to change.



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