



**East Hall Community Center**  
 3911 P. Davison Rd. Gainesville, GA 30507  
 Phone: (678) 450-1540  
 Fax: (678) 450-1562

## East Hall Fitness Center Family Membership Agreement

Check one:

<b>Membership Type:</b>	<b>Monthly</b>	<b>Annual</b>
(Check one)		

Date: \_\_\_\_\_

Member Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

Has physician approved use of Cardio & Strength equipment?  Yes  No

Emergency Contact:

Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

\*Family Membership:

Please List all Family members using the facility:

**MEMBER MUST BE AT LEAST 16 YEARS OF AGE!**

Name	Birth date	Member ID #	Card Issue Date

Member shall hold harmless Hall County, its agents, employees, and public officials from and against any and all claims, damages, losses and liabilities whatsoever in nature, cause of origin, and whether or not attributable to the negligence of Member, its agents, contracts or employees or the use of occupancy of the designated facility or any other portion of Hall County Parks and Leisure Services by Member, its agents, employees and invitees.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

This EHCC Membership Agreement, when signed by the applicant and accepted by EHCC, constitutes a binding document between EHCC and the individual or entity executing the signature page of this Agreement. Membership rights, privileges and obligations commence when the Agreement is signed by both parties.

No food or gum is permitted. Closed, plastic beverage containers are permitted. Cell phones are not permitted in the fitness center. Failure to comply with these policies will result in immediate removal from the facility and possible further disciplinary actions.

Member ID #: _____	<b>PAID:</b> Cash ___
	Check ___
	Credit Card ___
Amount Paid: \$ _____	Employee ___