



Adult Community Center

MEMBERSHIP AGREEMENT

Name _____ DOB _____ Gender _____
 2nd Household Member _____ DOB _____ Gender _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Secondary Phone Number _____
 Email _____ Secondary Email _____
 Emergency Contact _____ Phone Number _____

Membership Type	Monthly ACH Draw	Additional Monthly Household Members	Annual Dues
<input type="radio"/> Social	\$10 per month	\$10 per month	\$120
<input type="radio"/> Fitness Basic	\$30 per month	\$19 per month	\$360/\$228
<input type="radio"/> Fitness Premium	\$42 per month (55+) \$52 per month (<55)	\$26 per month (55+) \$32 per month (<55)	\$504/\$312 (55+) \$624/\$384 (<55)

Note: Financial assistance is available on a sliding fee scale for people age 60+ with a demonstrated need as determined by our guidelines. Please call the VINE Business Office at 507-387-1666 for further information.

The Fitness Basic membership qualifies for most insurance incentive programs. If applicable, wellness participation incentives earned from your health insurance provider will be reimbursed to you DIRECTLY FROM your insurance company. IT IS IMPORTANT THAT YOU KNOW WHAT YOUR INCENTIVE PLAN REQUIRES. IF YOU DO NOT MEET THE INCENTIVE IN ANY GIVEN MONTH, YOU WILL NOT RECEIVE YOUR REIMBURSEMENT. Please make sure that you sign-in each time you participate in a fitness activity in order to receive your reimbursement. The VINE Adult Community Center (VACC) is not responsible for missed incentive credits or if there is a change in the requirements for reimbursement by your insurance company.

- VINE:
- reserves the right to determine the amount and terms of payment of Membership Dues
 - will not change the terms of use or the membership rates without giving thirty (30) days advanced notice to the Member
 - will apply membership rate changes (if any) in July
 - reserves the right to cancel this Membership Agreement for Member or 2nd Household Member. Examples include, but are not limited to, failure to observe facility policies, or behaviors that are contrary to the best interest of other Members or the VACC.

____ I/We understand that membership fees will be assessed regardless of whether I/we use the facility.
 ____ I/We understand that my/our membership will remain in effect until I/we initiate its termination/suspension by submitting a cancellation form 30 days prior to my/our next scheduled payment and return of my/our membership card(s) and fob(s). Terminated/suspended memberships may be reactivated upon written request and will be assessed a \$25 re-enrollment fee per account.

I/We wish to enter into this agreement with VINE Faith in Action to obtain a VINE Adult Community Center membership. I/We understand that this membership will not be effective until this Membership Agreement has been executed and all of its terms have been complied with. Any aspect of this membership may be amended and the rights in and to this membership may be assigned by VINE without notice.
 I/We agree to accept these terms and conditions and I/we have received a copy of my/our Membership Agreement.

Print Name of Member	Signature	Date
Print Name of 2nd Household Member	Signature	Date

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Waiver of Liability: In consideration of being permitted to participate in any way in the exercise programs offered by VINE and VINE Adult Community Center (the "Activities"), I, for myself, my heirs, my personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue VINE and VINE Adult Community Center, their officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activities.

Assumption of Risks: Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include minor injuries such as scratches, bruises, and sprains, major injuries such as eye injury or loss of sight, joint or back injuries, and concussions, to catastrophic injuries including paralysis and death.

Indemnification: I agree to indemnify and hold harmless VINE and VINE Adult Community Center from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activities.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily.

Print Name of Member _____ Signature _____ Date _____

Print Name of 2nd Household Member _____ Signature _____ Date _____

MEDIA CONSENT

____ I consent and authorize VINE to use and publish any of the images in any format taken of me. I understand these images may be used for a variety of purposes. Since anyone can download an image or make copies from printed materials, I agree that VINE is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my name.

VINE Automatic Withdraw Authorization

I authorize VINE and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel 30 days prior to the next scheduled payment.

Financial Institution _____ Branch _____

City, State Zip _____

Account Number: _____ Routing Number _____

Checking (please attach a voided check) Savings (please attach a voided saving deposit slip)

Each draft will be drawn on or after the 4th of each month. A \$25 service fee will be charged for insufficient funds. This agreement will remain in effect until written notification is given to terminate or suspend as described above.

Account holder signature _____ Date _____

For Office Use Only

Completed By _____

Annual or first month's payment
Dues \$ _____

- Copy of insurance card
- Photo
- Voided check