

**MEMBERSHIP DETAILS**  
**~Please Read Before Signing a Membership Agreement~**

State Issued ID or Driver's License is required for membership. Please provide to reception staff upon joining.

You will be asked to provide the following information:

- Full Legal and preferred first name
- Date of Birth
- Physical address
- Mobile phone number
- Email address
- Emergency contact name, relationship and mobile number

Membership Plan	Join Fee	Monthly EFT	3 Month PIF	6 Month PIF	12 Month PIF
1 Adult 16–59	\$ 75	\$ 44	\$ 132	\$ 264	\$ 476
2 Adults 16–59, 1 Household	\$ 99	\$ 84	\$ 252	\$ 504	\$ 952
1 Senior 60+	\$ 50	\$ 39	\$ 117	\$ 234	\$ 422
2 Seniors 60+, 1 Household	\$ 75	\$ 74	\$ 222	\$ 444	\$ 844
Public Service <sup>1</sup>	\$ 50	\$ 39	\$ 117	\$ 234	\$ 422
Emory Employees	no join fee	\$ 25	\$ 75	\$ 150	\$ 300
Emory Volunteers & Retirees	no join fee	\$ 39	\$ 117	\$ 234	\$ 422
Group Fitness Only via Zoom	no join fee	\$ 17			

Membership is FREE for qualifying Silver Sneakers and Renew Active, One Pass, Aaptiv program members<sup>2</sup>

**<sup>1</sup>Eligible Public Service Employees**

- City of Decatur & DeKalb County Educators
  - Must be currently employed and present an Educator ID card/badge (retirees not eligible).
- Active Military & Veterans
  - Must present Military ID, VA Card or DD Form 214.
- First Responders
  - Includes: Police Officers, Sheriffs/Deputies, Correctional Officers, State Troopers and Federal Law Enforcement Officers, Firefighters (paid or volunteer), EMT/Paramedics and 911 Dispatchers.
  - Must be currently employed and present an Employee ID card/badge (retirees not eligible).
- Spouses/Partners of Active Emory Employees
  - Must present their spouse or partner's Employee ID badge.

**<sup>2</sup>Insurance** - Please phone the number on the back of your Health Plan ID to confirm eligibility.

- Silver Sneakers
- Renew Active by United Healthcare
- One Pass Medicare/Medicaid
- Aaptiv Advantage
- One Pass Select
- Aaptiv Access

### **Membership Freeze**

- Membership freeze eligibility applies only to 6 Month PIF and 12 Month PIF plans:
  - 6 Month PIF plans include one (1) optional freeze instance to be used at the member's discretion.
  - 12 Month PIF plans include two (2) optional freeze instances to be used at the member's discretion.
- Membership freeze duration per instance is at minimum two (2) weeks, at maximum six (6) months.
- Membership freeze requests cannot be accepted retroactively (backdated).
- Certain medical exceptions may be approved with proper physician documentation; please contact the Membership Supervisor.

### **Dues and Fees**

- **All Membership Plans:**
  - A Joining Fee is due for new membership purchases upon signing.
  - A Joining Fee shall be waived for renewal membership purchases occurring within six (6) months of the expiry of a prior membership purchase.
  - A Joining Fee is not applied to:
    - Emory Employee memberships
    - Emory Volunteer & Retiree memberships
    - Group Fitness Only via Zoom memberships
    - Qualifying Silver Sneakers and Renew Active & One Pass program memberships
- **3 Month / 6 Month / 12 Month PIF (paid in full) plans:**
  - The full membership dues amount, plus the applicable Joining Fee for new membership purchases is due upon signing.
- **Monthly EFT (electronic funds transfer) plans:**
  - A prorated membership dues amount, plus the applicable Joining Fee for new membership purchases is due upon signing.
  - The full membership dues amount will be automatically charged to the member's self-selected form of payment (credit/debit card or bank account draft) on or around the 15<sup>th</sup> day of each month.
  - If payment is reversed/declined, a running balance is created and the member will be charged the current and past due balance at the next billing cycle.

### **Buyer's Right to Cancel or Terminate**

Members have the right to cancel their membership. Members may voluntarily terminate membership at any time by 1) notifying Emory Decatur Wellness Center in writing 30 days prior to cancellation and; 2) paying all current charges prior to termination.

- **All Membership Plans:**
  - 30-Day Cancellation Notice is Required. Cancellation must be in writing and delivered/received:
    - In person to Emory Decatur Wellness Center reception.
    - Via email or fax to [edh.wellnesscenter.fax@emoryhealthcare.org](mailto:edh.wellnesscenter.fax@emoryhealthcare.org).
    - By mail to Emory Decatur Wellness Center at 2665 N Decatur Rd, Ground Floor, Decatur, GA 30033.
- **3 Month / 6 Month / 12 Month PIF (paid in full) plans:**
  - A prorated amount for time remaining, minus the 30-day notice period will be available as a refund.
  - Facility access remains valid through the final day of the 30-day notice period.
- **Monthly EFT (electronic funds transfer) plans:**
  - Final EFT billing will occur within the 30-day notice period.
  - Facility access remains valid through the 14<sup>th</sup> of the month following the final EFT billing.

### **Suspension / Termination of Membership by Management**

Management has the right to suspend and/or terminate any membership for non-payment of dues, fees or for behavior inimical to the enjoyment of Emory Decatur Wellness Center by other members and staff for any reason deemed sufficient in the sole discretion of management.

### **Provisions**

Emory Decatur Wellness Center will provide a fully equipped exercise facility including a fitness training area with stationary bikes, ellipticals, treadmills, circuit training equipment and free weight training area. Emory Decatur Wellness Center may be unavailable during a period of repair and maintenance, certain holidays or by Management's discretion. In order to keep the facility in the best possible condition, a portion of Emory Decatur Wellness Center may be closed for a temporary time period for repairs and/or renovations. There will be no adjustment in dues or fees for this period of closure.

### **Unpaid Balances**

Any unpaid balance for membership dues or fees, goods or services past 30 days will result in automatic suspension of membership privileges or termination of membership. Member agrees to pay all costs of collection, including but not limited to collection agency fees, court costs, administrative costs, disbursements and attorney's fees which may be paid or incurred by Emory Decatur Wellness Center.

### **Dishonored Checks**

If any check payable to Emory Decatur Wellness Center is dishonored, it will be assessed a \$30 fee for each occurrence, and collect the current and past-due balance in any subsequent month.

### **Agreement and Release of Liability**

In consideration of gaining membership or being allowed to participate in the activities and programs of the Wellness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Emory Decatur, its subsidiaries and officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Wellness Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a minimum of an annual physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission needed to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I understand that Emory Decatur Wellness Center enrolls and maintains memberships without regard to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital

status, sex, sexual orientation or age. It is Emory Decatur's policy that any members with disabilities shall be entitled to reasonable accommodations for their physical and mental impairments. It is also Emory Decatur Wellness Center's policy to adhere to equal opportunity for all and shall have no discrimination on the basis of any of the aforementioned classifications. If I believe that I have been treated unfairly on any of the aforementioned matters then I should report the incident to Emory Decatur Wellness Center management.

### **Wellness Center Member Guidelines**

#### **Fitness Floor:**

- Members must check in at reception before working out. If membership has expired, payment is required before working out.
- Members must adhere to the Fitness Floor Dress Code:
  - Sweat pants, yoga pants, and athletic shorts are permitted. No jeans or restrictive clothing.
  - Shirts are required in all areas except the pool and locker rooms.
  - Proper athletic footwear is required (e.g. closed-toe shoes with a closed heel back).
  - Sandals, flip flops and bare feet are not allowed except in the pool and locker room.
- Headphones are required for personal audio on the fitness floor.
- Wipe off equipment after use. Gym wipes are on fitness floor.
- When others are waiting, limit the number of sets or time on machines; 30 minute limit on cardio machines.
- Strong perfumes or colognes are prohibited in fitness areas and in locker rooms.
- Beverages must be in spill proof, non-breakable containers.
- Cell phone calls and use of Cameras is prohibited in fitness areas and in locker rooms.
- Be courteous to all members. Any behavior that may jeopardize the safety of others or behavior inimical to the enjoyment of Emory Decatur Wellness Center by other members and staff will not be allowed and may result in suspension or termination of membership.
- Allowing non-members access to the Wellness Center may result in suspension or termination of membership.
- Personal Training may only be conducted by Wellness Center Staff. Please see Fitness Coordinator to schedule personal training.

#### **Pool:**

- Advance registration is required for aqua group fitness. Reservations at: [www.ourclublogin.com/510529](http://www.ourclublogin.com/510529).
- Please show up to class on time. Arrivals more than 10 minutes late are not allowed.
- Showering is required before entering the pool.
- Only bathing suits and approved aquatic apparel are allowed in the pool; Aquatic shoes are encouraged.
- No diving, pushing, shoving, spitting, urinating or horseplay is allowed in the pool.
- Please remove all jewelry, make-up and band aids before entering the pool.
- No walkers in lanes designated for lap swim. Two swimmers are allowed per lane.
  - Lap swimming is defined as continuous movement.
- No lap swimmers in lanes designated for Water Walking. Two walkers are allowed per lane.
- No open sores, wounds or blisters in the pool.

#### **Group Fitness:**

- Advance registration is required for group fitness. Reservations at: [www.ourclublogin.com/510529](http://www.ourclublogin.com/510529).
- Please show up to class on time. Arrivals more than 10 minutes late are not allowed.
- Proper attire is required for group fitness classes. Fitness Floor Dress Code applies.
- Exit doors in the Group Fitness Studio and beside the Massage room are FOR EMERGENCIES ONLY.

**Member Benefit #1:  
FREE Fitness Assessment Every 6 Months**

**Free Initial Fitness Assessment**

The purpose of the initial fitness assessment is to establish a fitness program based on your unique abilities and needs. The Wellness Coach will discuss your goals, then guide you through a series of tests to assess your aerobic capacity, muscular strength, endurance, flexibility, blood pressure, heart rate and body composition. This is not a rigorous process and you may stop at any time signs of fatigue or discomfort present. The Wellness Coach will create an exercise regimen you can follow to achieve your health and wellness goals. Orientation of applicable gym equipment and machines is included.

**Participant Responsibilities**

Information you have about your current health status or previous experiences of unusual feelings with effort or during the test is important. It is your responsibility to fully communicate any and all such information when completing the required forms and when meeting with the Wellness Coach for your fitness assessment.

**Expected Benefits**

The fitness assessment is performed solely for the purpose of determining safe levels of exercise and to establish a baseline to measure progress in your fitness program. The fitness assessment is not a personal training session, nor is it a medical stress test and it does not take the place of regular appointments with your physician(s).

**Risks and Discomforts**

The possibility exists of certain changes occurring during the fitness assessment. This may include changes in blood pressure, dizziness, faintness, irregular heartbeat, shortness of breath, muscular strain and in rare cases, heart attack, stroke or death. Every effort will be made to minimize these risks by reviewing the health history information you provide and by close observation during the fitness assessment.

**Free Follow-Up Fitness Assessments**

The purpose of the follow-up fitness assessment, recommended six (6) months after the initial FA and every six (6) months thereafter, is to measure progress in your fitness program. The Wellness Coach will reassess your goals and work with you on any additions or changes to ensure your self-investment continues to reap optimal benefits.

**We strongly encourage you to take advantage of this FREE Wellness Center Member Benefit.**

**Let our Wellness Coaches help you achieve optimal results.**

**BOOK YOUR FREE FITNESS ASSESSMENT TODAY!**