

WELLNESS CENTER MEMBERSHIP FORM AUTHORIZATION FOR PAYROLL DEDUCTION

City and County of Denver ("City") employees who are at least 18 years of age are eligible to become a member of the Wellness Center located in the Webb Municipal Building. Wellness Center membership includes participation in exercise classes, use of weight and cardiovascular equipment, lockers and showers. Employees may join the Wellness Center at any time during normal business hours.

Employees may enroll in 6 month or 12 month membership, with the membership CONTINUING ON A MONTH-TO-MONTH BASIS THEREAFTER UNTIL CANCELLED, for:

§ **Standard Monthly Membership** - - \$25/month and require a commitment period of:
6 months (then month-to-month) or 12 months (then month-to month)

Employees must complete and sign this membership form. Payroll deductions for the Standard Monthly Memberships will be taken out of 2nd pay period of each month. Employees pay for membership in advance; for example, October membership will be paid at the end of September.

NATURE OF MEMBERSHIP, AUTOMATIC RENEWAL, CANCELLATION, AND COMPLIANCE WITH POLICY AND PROCEDURES REQUIRED

- 1) This membership, upon approval by the City, is a revocable, non-exclusive License for individual use of the Center and is granted by the City to the below-named Employee Licensee. This License is non-transferable, non-assumable and may not be the subject of a sublease agreement. This License shall NOT be deemed a lease pursuant to Section 3.2.6 of the City Charter and is NOT a contract.
- 2) The term of membership is for either 6 months or 12 months, as elected by the employee, and continues thereafter on a month-to-month basis. The membership will be automatically renewed by the City at the beginning of each month until cancelled by either party or by the City for any reason, or until cancellation is requested by the employee.
- 3) To cancel this membership after the initial commitment, the employee-member must submit a written request at least forty-five (45) days prior to the effective date of cancellation. **The written cancellation request must be submitted to the Wellness Center Staff.** Any cancellation notice that is not given by the employee in writing or is given to a payroll technician or to any person other than the Wellness Center Staff shall NOT be valid and shall NOT terminate membership.
- 4) The member-employee as part of this membership agrees to comply with the Policies and Procedures of the Wellness Center, as may be amended from time to time.
- 5) Notwithstanding anything else contained in the membership, it is expressly understood and agreed that enforcement of the terms and conditions of this membership and any rights of action relating to such enforcement, shall be strictly reserved to the City and the member-employee.

Employee's Enrollment Section: Please Print

Employee Name _____ Employee ID # _____

Employee Department & Division _____ Telephone Number _____

Email Address _____

I attest that:

1. I am a City and County of Denver employee and I am at _____ years of age.
2. I have read and understand and agree to abide by the Policies and Procedures of the Wellness Center received during orientation, and as may be amended from time to time.
3. I hereby authorize the City and County of Denver to make payroll deductions in the amount of **\$25** per month for _____ 6 months ? _____ or _____ 12 months ? (deduction for 11 months, 12th month free - new members only)
4. I AUTHORIZE CONTINUATION OF THE PAYROLL DEDUCTIONS ON A MONTH-TO-MONTH BASIS THEREAFTER UNTIL MEMBERSHIP IS CANCELLED.

IMPORTANT – PLEASE READ COMPLETELY:

I understand that it is my responsibility to insure sufficient funds are available in my payroll check to cover the Wellness Center monthly payroll deduction. I understand my financial commitment for membership dues is for 6 or 12 months as specified above and is continued month-to-month thereafter. **In order to terminate my membership after the initial commitment period; I am required to provide an email or other written notice 45 days prior to termination date, by notifying the Wellness Center Staff in writing of my request to terminate the membership.** Notice that is not given in writing or notice that is given to a payroll technician or any person other than the Wellness Center Staff shall NOT be accepted and shall NOT terminate membership. In the event of a medical emergency or medical condition my membership can be held for a period of 3 months and the request to suspend membership must be submitted in writing to Wellness Center Staff and accompanied by a physician's letter and the Center requires 45 days to process the request.

Employee Signature: _____ Date: _____

Revised: 5/18/2009

Fax to: Wellness Center @ 720.913.5695

