



City of Bryan

Gold's Gym Corporate Membership Division
Payroll Deduct Enrollment Form

Barcode # _____

Effective _____

Membership Plan:

Please check which applies:

#1: EMPLOYEE ONLY

Employee Monthly Deduction-\$15 / City's Contribution-\$7.50 per month / Total-\$22.50 per month

#2: EMPLOYEE + ONE FAMILY MEMBER

Employee Monthly Deduction-\$35 / City's Contribution-\$7.50 per month / Total-\$42.50 per month

#3: EMPLOYEE + TWO FAMILY MEMBERS

Employee Monthly Deduction-\$55 / City's Contribution-\$7.50 per month / Total-\$62.50 per month

#4: EMPLOYEE + THREE FAMILY MEMBERS

Employee Monthly Deduction-\$75 / City's Contribution-\$7.50 per month / Total-\$82.50 per month

In signing this form, I understand this is a term membership and I agree to participate in my company's corporate membership plan through the date of the company's renewal on **January 2014**. If I choose to continue my individual membership, I agree to contact Gold's Gym Corporate Membership Division within 30 days to process the transfer of my membership. I also agree to allow City of Bryan to deduct my dues and any family member's dues directly from my paycheck each pay period. By signing this agreement, (A) I acknowledge that this agreement is a contract that will become legally binding upon its acceptance by Gold's Gym, (B) that I have examined the gym facilities and accept them in present condition, (C) that Gold's Gym makes no representations or warranties to me as a member either expressly or implied, except to the extent expressly set forth in this agreement.

In signing, I am also confirming that I have read this Gold's Gym membership agreement and that I nor any family members joining on this plan will hold liable, either City of Bryan or Gold's Gym, for any injuries incurred while working out on Gold's Gym premises. I understand that this membership is non-refundable.

Upon separating from the City of Bryan, employee members have the opportunity to transfer at a rate of \$19.99 bi-weekly drafted from the member's personal account. This is solely the responsibility of the employee. A 30-day window applies from the date of cancellation. After 30-days, the member must re-sign under current retail gym pricing.

Print Employee Name **Birth date** **Phone**

Print family add on name (s) **Birth date** **Phone**

Address **State** **Zip Code**

Email address

Employee/Purchaser Signature **Date**

Risk Management Signature **Date**

***Please pick up your barcode at Gold's front desk**