



How To Join The Fitness Center

- *Membership to Gem Of The Hills Required (\$20 per year)*
- *Use of Gym At The Gem is \$15 per month*
- *Fitness room is open 24 hours a day, 7 days a week*
- *Equipment includes full weight room, treadmills, stationary bikes and step machines*
- *Classes and one-on-one training also available*

1. Make check out to “Gem of The Hills”. Mail to P.O. Box 1572, Blanco, Texas 78606. (To prepay for six months, make check out for \$90).
2. With your check, fill out and return enrollment form on page 2.
3. Once received, you will be contacted with the passcode.

Gem of the Hills is a non-profit organization run by volunteers.

[see page 2]



GEM OF THE HILLS
SENIOR CITIZEN COMMUNITY CENTER
2233 HIGHWAY 281N, Blanco, TX 78606
830.833-2713

Please make check payable to: **GEM OF THE HILLS**
 Mailing Address: P.O. Box 1572, Blanco, TX 78606

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|---|--------------------------|
| MEMBERSHIP: Individual _____ (\$20) Patron _____ (\$50) Business _____ (\$100) GYM DUES: _____ 1 month/\$15 _____ 3 month/\$45 _____ 6 month/\$90 _____ 1 yr/\$180 | { total paid is: _____ } |
|---|--------------------------|

Your Name(s): _____

Address: _____

City: _____

EMAIL (required): _____

PHONE(s): _____

Are you Over 50? ____yes ____no (your answer helps with our status as a 501(c)(3) Senior Center)

WAIVER FORM

In consideration of being allowed to participate in the activities of the Wellness and PEP programs, and to use the facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Wellness Program, the Gym At The Gem, Gem of the Hills, Inc., its officers, agents, representatives, volunteers and all others of any and all responsibilities or liabilities in any activities or my participation in any activities of said facility. If needed, in my judgment, I warrant that I will check the appropriateness of wellness activities with my physician. I agree that I will be familiar with the proper methods of the use of the exercise equipment which I intend to use in the program as a member/guest, and that if I am not familiar with any piece of equipment, I will make such fact known and receive proper instructions before undertaking use of such equipment.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, may be potentially hazardous activities. I also understand that I am voluntarily participating in these activities and using the machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept responsibility for all risks of injury involved.

I acknowledge that I have read this document in its entirety and agree to the above stated policies of the fitness program.

 Print Name

 Signature

 Date

 Print Name

 Signature

 Date

PERSON TO NOTIFY IF NEEDED: _____ PHONE: _____