

**AtlantiCare LifeCenter**  
**FitCare 290**  
**AGREEMENT**

**Monthly Program Fees**

- The undersigned Applicant agrees to pay AtlantiCare LifeCenter \$37.25 for employee or \$48.00 for spouse deducted from the 2<sup>nd</sup> paycheck from the AtlantiCare employee every month, regardless of facility usage.
- I elect to participate in the FitCare 290 Program and I understand my obligation to have 3-months of payroll deductions at the above stated rate (\$111.75 total or \$144.00), regardless of my LifeCenter facility usage or my achievement of FitCare 290's conditional requirements for successful continuance and completion of the program.
- I understand that if my payroll deduction is not honored for any reason, I am responsible for said payment.

**Membership Termination by AtlantiCare LifeCenter**

AtlantiCare LifeCenter may terminate my membership as follows:

- For any reason by written notice given to me. Such termination shall be effective immediately. Any membership dues I may have paid for beyond the termination date will be refunded to me.
- In the case of such termination, monthly membership dues will be prorated for that month of membership.

**Membership Acknowledgement**

By signing the Membership Agreement, I acknowledge the following;

- I agree to comply with the rules and regulations of, and established by, the AtlantiCare LifeCenter.
- My membership is for a 3-month term and I will have the opportunity to continue LifeCenter Membership upon completion of this term.
- I am responsible for all costs incurred by AtlantiCare LifeCenter in collecting or attempting to collect any fees or other amounts due to the LifeCenter from me including collection fees, attorney fees and/or court costs.
- I agree to turn in all membership cards and pay all balances due in full upon termination of my membership.
- I will provide the LifeCenter all changes to membership in writing (e.g., change of payment method, change of address, etc.). Any notice to me from the LifeCenter may be sent to my last known address of record that I have provided the LifeCenter.

**Waiver of Liability**

I am aware that exercise and the use of this facility may involve certain risks that could result in injury, illnesses or even death. I accept any and all inherent risk associated with the use of this facility and participation in activities and programs. I also accept and assume full responsibility for any loss of personal property or property damage. I agree to indemnify and hold harmless all involved parties including AtlantiCare LifeCenter, AtlantiCare Health System and all affiliates, employees and contracted persons from any and all liability or claims by me, members of my family, estate or heirs.

\_\_\_\_\_(initial)            I agree to have \$37.25 deducted for the next 3-months.  
\_\_\_\_\_(initial)            I agree to have \$48.00 deducted for the next 3-months.

\_\_\_\_\_  
#  
Member Name (print)            Badge Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Witness (Staff) signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Department