



**Edward M. Armfield Sr. Civic and Recreation Center**  
**Corporate Wellness Plan**

Name of Business \_\_\_\_\_

\_\_\_\_\_ Contact Person

\_\_\_\_\_ Business Phone Number

\_\_\_\_\_ Fax Number

\_\_\_\_\_ Email Address

\_\_\_\_\_ Physical Address

\_\_\_\_\_ Mailing Address

\$150.00 Initiation Fee - Advertise Corporate Partnership within the Center

\$60.00 Family Corporate Plan

\$30.00 Individual Corporate Plan

\$5.00 per employee key tag activation fee

**\*Payments can be drafted monthly from corporate checking accounts or either invoiced monthly by mail\***

Membership Fees are prorated according to dates Memberships begin

**Corporate Pro-Rated Amounts**

Percent	Date	Family	Individual
100%	1 <sup>st</sup> – 5 <sup>th</sup>	\$60.00	\$30.00
80%	6 <sup>th</sup> – 10 <sup>th</sup>	\$48.00	\$24.00
60%	11 <sup>th</sup> – 15 <sup>th</sup>	\$36.00	\$18.00
40%	16 <sup>th</sup> – 20 <sup>th</sup>	\$24.00	\$12.00
20%	21 <sup>st</sup> – 25 <sup>th</sup>	\$12.00	\$6.00
100%	26 <sup>th</sup> – 31 <sup>st</sup>	\$60.00	\$30.00

**LIABILITY WAIVER: I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Edward M. Armfield Sr. Civic and Recreation Center (hereafter known as Center) or their respective agents, representatives, successors, and assigns for any injuries which may be suffered by me in connection with my participants. I understand that I am responsible for monitoring my own condition throughout my activities at the Center. I know that as a new member I have the right to a Fitness Center Orientation and a new member fitness evaluation.**

**FOR OFFICE USE ONLY**

Sign-Up Date	Employee Name	Employee Membership (Circle One)	Amount Payable (Circle One)	I accept Liability Wavier (Employee Initials)
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	
		Family/Individual	\$60/\$30	

\_\_\_\_\_ Front Desk Representative

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Personnel Representative

\_\_\_\_\_ Date