



Hazelwood School District
Gold's Gym Corporate Membership Division
Payroll Deduction Enrollment Form

- I am enrolling myself on the Basic Payroll Deduct membership: \$23.00 monthly.
- I am enrolling myself and my spouse on the Basic Payroll Deduct membership: \$46.00 monthly.
- I am already a member of Gold's Gym but would like to switch to my companies corporate Payroll Deduct Membership: \$23.00 monthly.

Employees receiving 24 paychecks will have \$11.50 (or \$23.00 for family membership) deducted from each paycheck. Less than 12-month employees will have \$15.34 (or \$30.67 for family membership) deducted from each paycheck, over 18 pays, September-May. I understand that my first deduction after signing this form may be adjusted to bring my membership account to current status. All memberships run through September 30.

Office use only: membership begin date _____

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 Hazelwood School District or Gold's Gym, for any injuries incurred while working out on Gold's Gym premises. I understand that this is a 12-month term membership. Any member who is under the age of 18 must have a parent or legal guardian ("Legal Guardian") co-sign this Agreement. Any guarantor who signs below ("Guarantor") guarantees the full payment of all amounts owed to Gold's Gym under this Agreement. This is a guaranty of payment and not collection and will be effective without notice of acceptance by the beneficiary hereof. This is a continuing guaranty. Gold's Gym may extend the time allowed for payment, modify this Agreement and release other parties to this Agreement without affecting the obligation of Guarantor hereunder.

I also authorize Hazelwood School District to deduct my paycheck for a health club membership with Gold's Gym International, as outlined above, as applicable to my employment. I understand that if my employment from the district ceases, my payroll deduction will continue through my last paycheck of the month in which my employment terminates. I understand that upon this date, my membership with Gold's Gym International will cease unless I provide personal payment information to Gold's Gym within five (5) business days of my termination date.

I acknowledge that Hazelwood School District is merely providing a discount enrollment opportunity and is not responsible for anything provided by Gold's Gym International. I further acknowledge that I freely and of my own will agree to participate in the health club membership program, and on my own time and not in any capacity of employment. Accordingly, in consideration for the opportunity to partake in this activity, I hereby release and discharge Hazelwood School District from any and all liability to me.

 Print Employee Name Phone

 Family Add On Birth date

 Address Zip Code Email address

X _____
 Purchaser/Guarantor's Signature Date

Please Return This Form to Your Human Resource Representative