



Regions Center

Tenant Forms

FITNESS CENTER MEMBERSHIP AGREEMENT

PLEASE PRINT

Name _____
Last First

Employer _____

Billing Address _____
Number Street

Suite Number _____

City State Zip

Emergency Contact _____

Phone _____
Work Home

Emergency Phone _____

Email _____
Work E-Mail Other E-Mail

For Internal Reference Only:

CARD NUMBER _____ ACCOUNT NUMBER _____

Make Checks Payable to:

Central Parking System
P.O. Box 790402
St. Louis, MO 63179-0402

All payments are due in full on or before the 1st day of each month. Payments will be considered late if not received on or before the 10th day of each month.

I hereby affirm that I have read and will comply with all rules and regulations as set forth in the attached "Fitness Center Member Rules & Regulations," including any additions, deletions, or changes to this document, as well as any signage posted in the facility. I further affirm that I have read and signed the attached "Fitness Center Member Consent and Release."

Applicant Signature _____ Date _____

Management Signature _____ Date _____

Issue Date: September 1, 2011
Revision Date: April 1, 2013



**Fitness Center
Member Rules & Regulations**

The following rules and regulations shall pertain to “The Fitness Center” located in the Regions Bank Building, 333 Texas Street, Suite 1600, Shreveport, Louisiana 71101, hereinafter referred to as the “facility.” Said rules and guidelines shall also pertain to all members.

All members voluntarily choose to utilize the facility and understand that any fitness activity involves a potential risk for injury. Anyone interested in this type of activity should first seek the advice of a physician.

All members utilizing the facility acknowledge the risks associated with the activities they choose to undertake and agree to do so at their own risk. Management reserves the right to deny any person membership or admission to the facility.

MEMBERSHIP

This facility is for the use and convenience of tenants and employees of Regions Center only.

Membership will be on a month-to-month basis with no long term contract required. However, neither guests nor family members are allowed to use the facility at any time.

Access/Hours of Operation

All members shall enter the facility via proximity card access at the main door to the facility. The main door is located at the north end of the 16th floor elevator lobby in the Regions Building. Members may exit the facility either through the main door or the rear exit.

Access to the 16th floor may be attained via one of four elevators in the lobby of the Regions Building. Should you receive one of the two northerly elevator cars, simply press the button next to the number “16.” However, should you receive one of the two southerly cars, you must first ride to the 15th floor, get off, and get back on one of the two northerly cars to continue on to the 16th floor (access cards are not required in elevators unless entering the premises before 7:00 am or after 8:00 pm).

The facility will be open for use on weekdays (Monday – Friday) from 5:00 am until 10:00 pm and on Saturday from 8:00 am – 3:00 pm.



Types of Membership

Both types of membership will include a monthly fee of **\$25.00** (subject to change).

- ▶ Individual: Single member; one membership card issued; member billed directly for membership fee.
- ▶ Corporate: Two or more members; multiple cards issued based on number of employees who are members; business billed for dues of all employees; the employee is ultimately responsible for any balance of unpaid fees should the employer or business fail to pay.

Canceling Membership

- ▶ Management must receive notice of your intent to cancel membership on or before the 5th of the month; if such notice is timely received, the member will not be responsible for that month's fee.
- ▶ Account balance must be paid in full prior to canceling membership.
- ▶ Membership card must be returned at your last visit to the facility.

Membership Cards

- ▶ Membership cards are required for access to the facility at all times.
- ▶ Membership cards are for the sole use of the member whose name appears on the account.
- ▶ Report lost or stolen cards to building management. Replacement cards are available for \$10.

Loss of Membership Privilege

Management reserves the right to discontinue membership privileges for any of the following reasons:

- ▶ Knowledgeable misuse of facility's equipment or fixtures.
- ▶ Destruction of facility's equipment or property.
- ▶ Theft of facility's equipment, or theft of property of other members.
- ▶ Failure to follow proper safety practices and equipment use guidelines (including time limits) as posted.
- ▶ Use of profanity toward or sexual harassment of other members.
- ▶ Possession of illegal drugs, drug paraphernalia, or firearms in the facility.
- ▶ Smoking or use of tobacco products in the facility.
- ▶ Failure to pay membership fee.



GENERAL INFORMATION

Membership is available to all persons, 18 years of age or older, currently working at Regions Center.

- ▶ The facility is tobacco-free. No tobacco products will be permitted.
- ▶ Anyone under the influence of alcohol will be asked to leave the facility.
- ▶ Management is not responsible for the cost of stolen items of members.
- ▶ Two security cameras are positioned in the facility for your safety; however, members who are involved in or witness an injury should report it immediately to management by calling 429-1329 if during regular business hours. After hours, please report to security at 429-1027. Any change in a member's health status should also be reported to management promptly.
- ▶ Lost and found items can be picked up at the Atrium security desk. Items not claimed after 30 days will be donated to Goodwill Industries.
- ▶ Membership fees are due on or before the 1st of each month. A 5% late charge will be assessed if fee is not received by the 10th of each month. Membership privileges will be revoked if fee is not received by the end of the month.

DRESS CODE

Members must wear proper workout attire. Any attire considered offensive by building management will be prohibited.

- ▶ Men must wear shirts while in the facility.
- ▶ Clean athletic shoes must be worn to preserve the integrity of the equipment. High-heels or dress shoes will not be permitted.

LOCKER ROOMS

Locker rooms offer private dressing areas, showers, lighted vanities, and lockers for personal belongings. The lockers are provided for your convenience; however, management is not responsible for items placed in lockers. Please remove personal locks when leaving the facility. Lockers are not assigned, and personal locks left on lockers will be removed by maintenance. All used towels are to be placed in the hampers provided in each locker room.

EQUIPMENT

We strongly recommend that you familiarize yourself with any equipment you will be using in the facility prior to use. Signage and directions are posted for your convenience.



**Fitness Center
Member Consent and Release**

I acknowledge that any physical fitness activity, including, but not limited to, the use of any equipment located in the facility located in the Regions Building, 333 Texas Street, Suite 1600, Shreveport, Louisiana, can be potentially hazardous activities that involve a risk of injury, including death. I have decided of my own free will to participate in these activities and use the equipment with full knowledge of the dangers involved.

In consideration of gaining membership to The Fitness Center (hereinafter referred to as the "facility") and using the facilities and equipment provided, I do hereby release, hold harmless and forever discharge Plaza Investments III Holdings, L.L.C. and The Hertz Investment Group, L.L.C., their officers, directors, agents, employees, representatives, underwriters and insurers from any and all claims, charges, demands, suits, liens, rights, and causes of action resulting from my use of the facility regardless of the cause or whether the damage, loss or injury is to person or property, or both.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities, programs, or use of the equipment at the facility.

I do hereby acknowledge that I have been informed of the need for a physician's recommendations concerning my participation in physical activities, programs, or in the use of exercise equipment.

This release shall be binding on my heirs, executors, administrators, personal representatives, successors and assigns.

MEMBER NAME (Please Print)

SIGNATURE OF MEMBER

DATE