

Fitness Place Membership Form

The following is confidential and is for the sole use of the Fitness Place staff

today's date:

name:

date of birth:

gender:

email address:

mobile phone:

employee status:

☐ employee	☐ employee spouse/domestic partner
☐ intern	☐ employee dependent
☐ retiree	☐ contract employee

employee ID #:

supervisor:

location:

☐ East Aurora, NY

☐ El Segundo, CA

☐ other

department:

emergency contact:

emergency contact's phone#:

relationship:

Are you presently on an exercise program?

☐ yes ☐ no

If yes, please provide details:

Which Fitness Place programs are you interested in?
(check all that apply)

☐ Group Classes ☐ Personal Training

☐ Other (explain)

List your personal fitness goals in order of priority:

1.
2.
3.

How many days per week can you devote to your program?

☐ 1–2 days ☐ 3–4 days ☐ 5–6 days

How much time per session can you devote to your program?

Membership Agreement

1. I, _____, wish to become a member of the East Aurora Fitness Place ("EAFP"). I do so voluntarily and I acknowledge that my becoming a member of EAFP is not a condition of my employment by Mattel. I am a/an [check one]:

☐ Employee
☐ Intern
☐ Retiree
☐ Employee Spouse/Domestic Partner
☐ Employee Dependent
☐ Contract Employee

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2. I understand that physical exercise may lead to injury or other serious medical conditions and acknowledge that I have been advised of the importance of having a thorough medical evaluation prior to commencing an exercise program. I understand that trained medical personnel and specialized medical equipment will not be immediately available in the event of a medical emergency at EAFP. I understand that to the extent not covered by my insurance, any medical or other expenses arising out of my participation in EAFP programs or activities and use of EAFP facilities and equipment are my personal responsibility. In that regard, I also understand that any injuries sustained while participating in EAFP activities may not be covered by The Worker's Compensation Act.

3. I understand that EAFP staff may wish to conduct certain fitness tests; may request information concerning my own health status (including any changes thereto); and may request that a physician approve (with or without limitations) my participation in physical activities. I certify that any information I provide to the EAFP about my health and exercise history and current health status is and will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform EAFP staff in the event of any change in my health or medical status. I also understand that by participating in any fitness test and/or providing my health or medical status and exercise history Mattel makes no representations with respect to the condition of my health or whether an exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters. I further understand that any recommendations regarding exercise or diet are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet.

4. I recognize and understand that my voluntary participation in physical activities, such as those offered by EAFP, carries inherent risk and dangers. I therefore assume all risk of injury, damages, illness, death or other harms, including those caused in whole or in part, by the negligence of EAFP, and hereby release, agree not to sue, agree to indemnify, and forever discharge Mattel and its affiliates, subsidiaries, their directors, officers, employees (including but not limited to EAFP staff), agents and insurers from any claim and liabilities which I or any of my representatives, heirs, successors and assigns might have arising out of or in any way relating to my receipt of assessment services, participation in EAFP activities or programs, or use of EAFP facilities or equipment.

5. I agree to be bound by and obey all the rules and policies of the EAFP and EAFP staff in my use of the EAFP and in my participation in the health and fitness program activities.

6. I agree if any portion of this Membership Agreement is held invalid, the remainder of this form will continue in full legal force and effect.

7. I understand and agree that the law of the State of New York will apply to this Membership Agreement, which is intended to be valid and enforceable in the State of New York to the greatest extent allowed by law.

8. I understand the information I provided and will provide will be handled in accordance with Mattel's policies applicable to such information and my or my spouse's or family member's employment or engagement with Mattel.

9. I certify that I have read and fully understand the terms and conditions of this agreement.

10. I understand that if I have any further questions or concerns, I will ask for further information.

Signature:

Name (printed):

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**PAYROLL DEDUCTION AUTHORIZATION
(Employees/Spouses/Domestic Partners/Dependents 18+)**

I hereby authorize a payroll deduction of
per month for the above membership in the Mattel
Fitness Place. Such deduction will continue until I submit
a signed cancellation form to the Fitness Place staff.

I understand that it will take the Payroll Department 2-4 weeks
from the date of receipt to process my request.

member signature:

date:

witness signature:

date:

**PAY AUTHORIZATION (Retiree/Contract Employee/Spouse of
Retiree)** I hereby agree to pay

every quarter (Jan./Apr./Jul./Oct.) for the above membership in the
Mattel Fitness Place, until cancelled. In the event that I travel during
the winter or summer season (retirees only), I understand that I have
the option to suspend my membership for up to 3 months (months
must be concurrent). I understand that I must inform the Fitness
Place staff prior to my travel to receive this benefit.

I understand that my membership fee is non-refundable.

member signature:

date:

witness signature:

date:

OFFICE USE ONLY

Entered into Payroll Sheet:

Add to Email List: A - M

M - Z

Motivation Alliance:

Contractor/Dependent/Spouse

Add to Teams Page:

Send Welcome Email: