

COUNTY OF ORANGE EMPLOYEE FITNESS CENTER MEMBERSHIP FORM AUTHORIZATION FOR PAYROLL DEDUCTION

County of Orange ("County") employees (Full-time Employee, Part-time Employee, Extra Help Employee, Temporary Employee, or Intern) are eligible to become a member of the County's Fitness Center located in the County Administration South building. Fitness Center membership includes use of weight and cardiovascular equipment, lockers and showers.

Employees must complete and sign this membership form. Payroll deductions for the Standard Monthly Memberships will be taken out of 2nd pay period of each month. Employees pay for membership services in advance; for example, October membership will be paid at the end of September.

NATURE OF MEMBERSHIP, AUTOMATIC RENEWAL, CANCELLATION, AND COMPLIANCE WITH POLICY REQUIRED

- 1) This membership, upon approval by the County, is a revocable, non-exclusive License for individual use of the Fitness Center and is granted by the County to the below-named Employee Licensee. This License is non-transferable, non-assumable and may not be the subject of a sublease agreement. This License shall NOT be deemed a lease and is NOT a contract.
- 2) The term of membership is on a month-to-month basis. The membership will be automatically renewed by the County at the beginning of each month until cancelled by either party or by the County for any reason, or until cancellation is requested by the employee.
- 3) To cancel this membership after the initial commitment, the employee-member must submit a written request at least forty-five (45) days prior to the effective date of cancellation. **The written cancellation request must be submitted to the County's Wellness Center Staff.** Any cancellation notice that is not given by the employee in writing or is given to a payroll technician or to any person other than the Wellness Center Staff shall NOT be valid and shall NOT terminate membership.
- 4) The member-employee as part of this membership agrees to comply with the policy titled "Wellness Center and Fitness Center at County Administration South," as may be amended from time to time.
- 5) Notwithstanding anything else contained in the membership, it is expressly understood and agreed that enforcement of the terms and conditions of this membership and any rights of action relating to such enforcement, shall be strictly reserved to the County and the member-employee.

Employee's Enrollment Section:

Employee Name: _____ Employee ID #: _____ Badge ID #: _____

Department & Division: _____ Phone Number: _____ Work Email Address: _____

I attest that:

1. I am a County of Orange employee.
2. I have read and understand and agree to abide by the Policies and Procedures of the "Wellness and Fitness Center at County Administration South available on the Employee Wellness Center website and presented to me upon enrollment, and as may be amended.
3. I hereby authorize the County of Orange to make payroll deductions in the amount of:
 - \$10 per month for Fitness Center membership, or
 - \$5 per month for shower use only
4. I AUTHORIZE CONTINUATION OF THE PAYROLL DEDUCTIONS ON A MONTH-TO-MONTH BASIS UNTIL MEMBERSHIP IS CANCELLED.

IMPORTANT – PLEASE READ COMPLETELY:

I understand that it is my responsibility to ensure sufficient funds are available in my payroll check to cover the Fitness Center monthly payroll deduction. I understand my financial commitment for membership dues is continued month-to-month, until membership is cancelled, as specified above. **In order to terminate my membership after the initial commitment period; I am required to provide an email or other written notice 45 days prior to termination date, by notifying the Wellness Center Staff in writing of my request to terminate the membership.** Notice that is not given in writing or notice that is given to a payroll technician or any person other than the Wellness Center Staff shall NOT be accepted and shall NOT terminate membership. In the event of a medical emergency or medical condition my membership can be held for a period of 3 months and the request to suspend membership must be submitted in writing to Wellness Center Staff and accompanied by a physician's letter and the Wellness Center Staff requires 45 days to process the request.

I AUTHORIZE CONTINUATION OF THE PAYROLL DEDUCTIONS ON A MONTH-TO-MONTH BASIS THEREAFTER UNTIL MEMBERSHIP IS CANCELLED BY EITHER PARTY OR BY THE COUNTY FOR ANY REASON, OR UNTIL CANCELLATION IS REQUESTED BY EMPLOYEE.

Employee Signature: _____

Date: _____

**Print, sign and email this form to Wellness Center Staff at
Countywellnesscenter@ocgov.com**