

- CPP Enrolled Student/\$15     
  CPP Graduate/Credential Student/\$15     
  CPP Alumni/\$15 (see membership agreement)  
 CPP Faculty/Staff/\$25     
  CPP Alumni/\$25     
  Affiliates/\$28

**PLEASE PRINT CLEARLY**

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_  Male  Female

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Cal Poly Pomona E-mail Address \_\_\_\_\_

Other E-mail Address \_\_\_\_\_

College and Major (if Student or Alumni) \_\_\_\_\_ Department (if Faculty or Staff) \_\_\_\_\_

**Student Status:**

- 1st Year     
  2nd Year     
  3rd Year     
  4th Year     
  5th Year

**Residence (for Students)**

- University Housing Residence Halls   
  University Housing Suites   
  University Village Apartments   
  Off-campus Commuter

**How did you hear about the Bronco Fitness Center?**

- Walk-in     
  Friend/Word of Mouth     
  Flyer/Banner  
 The Poly Post   
  Website     
  Another Member     
  Other \_\_\_\_\_

**Payment Method For Monthly Dues And Charges:**

- Automatic Debit via Credit Card or Debit Card (no ATM cards, please)  
 MasterCard       Visa  
 Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Automatic Debit via Checking  
 Bank Account # \_\_\_\_\_  
 Bank Name (attach voided check) \_\_\_\_\_

*I authorize Bronco Fitness Center to initiate a monthly charge for my dues by the payment method indicated above. I have the right to stop payment on an automatic debit by notifying my bank or Bronco Fitness Center. This, however, does not void my contract with Bronco Fitness Center to fulfill my payment commitment and I am obligated to pay what is owed to the Bronco Fitness Center by some other method. A late fee will be assessed against any member failing to make payments by the fifteenth (15th) of the month, for a returned check, or debit problems such as insufficient funds, closed account, frozen or declined credit card or similar circumstances. I have read the terms of the membership agreement and agree to abide by these terms.*

Applicant Signature (Parent or Guardian Signature Required if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation Policy**

You, the buyer, may cancel this agreement at any time after you have signed this agreement with a 30-day written notice. To cancel this agreement, mail or deliver a signed and dated notice which states that you, the buyer are canceling this agreement, or words of similar effect. Such notice should be sent to Bronco Fitness Center at the address below.

**Membership Approved: Bronco Fitness Center**

Authorized Bronco Fitness Center Representative \_\_\_\_\_ Date \_\_\_\_\_  
 (please note voluntary resignation stipulations in section 6 on page 2 of this agreement)

**For Office Use Only**

Date Joined: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment Summary**

**Dues**

For the month of \_\_\_\_\_

\$ \_\_\_\_\_

For the month of \_\_\_\_\_

\$ \_\_\_\_\_

Total Initial Payment: \$ \_\_\_\_\_

Total Monthly Deduction: \$ \_\_\_\_\_

- MasterCard   
  Visa   
  Checking

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Membership Agreement

This agreement ("Agreement") is between ASI ("Bronco Fitness Center") and the undersigned applicant ("Applicant") for membership at Bronco Fitness Center.

## Article I. Membership

### Section 1. Nature of Membership.

Membership does not confer any interest in the property or assets of the Bronco Fitness Center or any right to participate in the management of the Bronco Fitness Center, financially or otherwise. Membership confers solely the right to use and enjoy the facilities of the Bronco Fitness Center in accordance with the Bronco Fitness Center's rules and regulations, as they may change from time to time.

### Section 2. Approval of Membership.

All applications and membership agreements must be on forms prescribed by the Bronco Fitness Center and are subject to payment of the required fees and the approval by the Bronco Fitness Center. If under 18 parent or guardian must sign for the member below. Only persons 18 years of age or older are eligible to become members unless enrolled as a student at Cal Poly Pomona.

### Section 3. Nondiscrimination.

Club policy is to accept applications from any currently enrolled Cal Poly Pomona student; Cal Poly Pomona faculty or instructor; Cal Poly Pomona staff, Cal Poly Pomona Foundation Inc. staff, or Associated Students, Inc. staff; or Cal Poly Pomona alumni. Cal Poly Pomona subscribes to all state and federal regulations and prohibits discrimination based on gender, race, sexual orientation, national origin, handicap, marital status, age, religion and veteran status.

### Section 4. Membership Types.

#### Student Members

Currently enrolled Cal Poly Pomona students may join the Bronco Fitness Center. Upon voluntary enrollment, students will be assessed a \$15 monthly membership fee. Students enrolled only in the college of the Extended University are not eligible for membership.

#### Faculty and Staff Members

All currently employed Cal Poly Pomona faculty and instructors, Cal Poly Pomona staff, Cal Poly Pomona Foundation Inc. staff, and Associated Students, Inc. staff are eligible for membership. Upon voluntary enrollment, members in this category will be assessed a \$25 monthly membership fee.

#### Alumni Members

Any alumni of Cal Poly Pomona is eligible for membership. Alumni who attended the University between Fall 1996 up to April 2nd, 2003 are eligible for the student membership for the number of months equivalent to the number of months enrolled at Cal Poly Pomona during this time period (e.g. an alumni who attended three quarters will be eligible for 9 months of membership at the student rate). It will be the responsibility of this alumni category to provide an official transcript as verification for enrollment during this time period. This policy is to honor a commitment made to enrolled students when the student fee referendum passed in 1995 to raise fees in order to build the expanded Bronco Student Center, host to the Bronco Fitness Center. All other alumni who voluntarily enroll, will be assessed a \$25 monthly membership fee.

#### Affiliate Members

All currently employed Cal Poly Pomona Innovation Village employees are eligible for membership. Upon voluntary enrollment, members in this category will be assessed a \$28 monthly membership fee.

### Section 5. Disability or Death.

If a member is unable to use the facilities as provided herein due to disability, or if said member dies, he/she and his/her estate shall be relieved from the obligation of making payment for services other than those received prior to death or the onset of disability. If he/she has prepaid any sum for services, so much of such sum as is allocable to services he/she has not taken shall be promptly refunded to him/her or his/her representative after receipt of written request. The term "disability" means a condition verified in writing by a physician which precludes the member from physically using the facilities.

### Section 6. Voluntary Resignation.

A member may resign from the Bronco Fitness Center by giving 30 days' advance written notice to the Bronco Fitness Center after which he/she must pay any dues and other unpaid charges to the Bronco Fitness Center. For the 30 day notice to be effective in the month member resigns, resignation notices must be received by the Bronco Fitness Center on or before the first calendar day of the month. Resignation notices received by the Bronco Fitness Center after the first calendar day of the month will be effective on the last day of the next month. No resignation will be effective until the Bronco Fitness Center has received all required payments. Student membership will end at the date of said student's graduation or upon termination of enrollment at the University. Following graduation, students will be eligible to convert their student membership to alumni membership. Faculty and staff membership will end upon termination of employment from Cal Poly Pomona, the Cal Poly Pomona Foundation, Inc., or Associated Students, Inc., Cal Poly Pomona.

### Section 7. Involuntary Resignation.

The Bronco Fitness Center reserves the right at any time to terminate the membership or privileges thereunder of any member for failure to comply with any of the rules and regulations adopted by the Bronco Fitness Center, ASI or the University. The membership may be terminated by notification in writing mailed to the last address shown on the records of the Bronco Fitness Center for the member being terminated. Student membership will be terminated for any student forced to withdraw for any reason from Cal Poly Pomona. A terminated member will remain liable for all dues and other indebtedness incurred including processing fees associated with non-sufficient funds and terminations. The membership of any member who is 45 days in arrears with respect to the payment of his/her account to the Bronco Fitness Center may, at the option of the Bronco Fitness Center, be terminated.

### Section 8. Resale of Membership.

Membership may not be resold or transferred to another party.

### Section 9. Legal Fees.

In the event an attorney is retained to enforce any provision of this Agreement, the prevailing party in such dispute shall be entitled to recover all attorney's fees and court costs in any such action or proceeding. The amount will be determined by the court.

## Article II. Waiver of Claims and Severability

Applicant understands that fitness activities, especially strength and aerobic training, involve the risk of serious physical injury and related damages. Applicant understands that none of the Associated Students, Inc., Cal Poly Pomona, California State Polytechnic University, Pomona, or the Trustees of the California State University manufactures the fitness and other equipment at the Bronco Fitness Center; rather, this equipment is purchased and/or leased from third parties. Applicant acknowledges that members generally will use the equipment and engage in other fitness activities (including but not limited cardiovascular exercise, group fitness classes, weight training, and services rendered) at the Bronco Fitness Center without close supervision, and that each member will be solely responsible for his/her safe and appropriate use of the Bronco Fitness Center's facilities. Applicant therefore expressly agrees to assume the risk that he/she may suffer injury or damage as a result of his/her use of or entry into the Bronco Fitness Center's facilities, and agrees for himself/herself and on behalf of his/her executors, administrators, heirs, assigns and successors, that the Associated Students, Inc., Cal Poly Pomona, California State Polytechnic University, Pomona, the Trustees of the California State University, the Bronco Fitness Center and its affiliates, subsidiaries, and divisions, owners, partners, officers, directors, employees, managers, contractors and agents (the "Bronco Parties") will not be liable for any damages or injuries Applicant may suffer in or about the Bronco Fitness Center, regardless of whether such damages or injuries are the result of the negligence or willful misconduct of the Bronco Parties. Applicant also agrees that the Bronco Parties will not be responsible or liable for any loss, theft or damage to Applicant's property in or about the Bronco Fitness Center. It is understood that participation in the Bronco Fitness Center is voluntary and is not a requirement of employment or of job performance and that neither the Bronco Parties nor their insurance carriers are liable for the payment of workers' compensation benefits for any injury which arises out of your voluntary participation in any recreational, social, or athletic activity at the Bronco Fitness Center's facilities. If any provision of this Agreement is ruled invalid or unenforceable as applied to any person or circumstance, that provision and all other provisions of the Agreement will remain valid and enforceable as applied to all other persons and circumstances.

Applicant Initials \_\_\_\_\_

## Article III. Rules and Regulations.

### Section 1. Registration.

Members must check in and present their membership card each time they use the Bronco Fitness Center.

### Section 2. Attire.

Proper attire is required for participants using the Bronco Fitness Center. This proper attire (pants or shorts, a shirt, and non-open toed athletic shoes) is required in all public and recreational areas. The management may prohibit member from using any equipment if proper attire is not worn. This is to protect the safety of the members.

### Section 3. Damages.

Any damage to the Bronco Fitness Center's property deemed to be due to the negligence of any member or member's guest shall be the liability of the member.

### Section 4. Hours.

The Bronco Fitness Center will be open Monday-Thursday 6am-10pm, Friday 6am-8pm, Saturday 9am-4pm and Sunday 10am-2pm. Operating hours are subject to change.

### Section 5. Minors and Pets.

Persons under the age of 18, unless a currently enrolled Cal Poly Pomona student are not allowed in the Bronco Fitness Center. Pets, unless for the sole purpose of use by a person with a physical disability are not allowed in the Bronco Fitness Center.

### Section 6. Applicability of all Trustee, University, and Auxiliary Organizations Policies.

All Trustee, University, and Auxiliary Organizations policies apply to the action of those using the Bronco Fitness Center.

### Section 7. Amendment of Rules and Regulations.

The Bronco Fitness Center may from time to time adopt rules, regulations or policies amending or supplementing those contained in this Agreement, and all members will be obligated to comply with such rules, regulations or policies. If new or amended rules or regulations are adopted, they will be published as "Additional or Substitute Rules and Regulations" and distributed to members at the Bronco Fitness Center service counter.

### Approval by the Bronco Fitness Center

Applicant's membership is subject to approval by the Bronco Fitness Center and will not be effective unless and until this Agreement is executed by an authorized representative of the Bronco Fitness Center.

Signature of Applicant (Parent or Guardian Signature Required if under 18)

Date

Staff Initials

# HealthStart Questionnaire

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Name \_\_\_\_\_ Date \_\_\_\_\_

**Please take a few minutes to answer the following questions which will enable us to determine how we can best support you in achieving your goals.**

**1. Please check the statement that best describes you.**

- I have not been physically active for the past 6 months, and feel I would benefit from assistance in achieving my goals.
- I have not been physically active for the past 6 months, but do not feel I need assistance in achieving my goals.
- I have been physically active for 6 months or more, but feel I would benefit from assistance in achieving my goals.
- I have been physically active for 6 months or more, I know what my goals are and do not need assistance in achieving them.

**2. If you could choose ONE goal as your highest priority, which would it be?**

- Balance/agility                       Endurance training                       Strength
- Stress reduction                       Energy                       Weight loss
- Body sculpting/toning                       Body building                       Flexibility
- Nutrition                       Education                       Other \_\_\_\_\_

**3. Please check the statement that best describes the progress you have made toward achieving this goal?**

- I have not taken any steps toward achieving this goal, and do not plan to within the next 6 months.
- I intend on taking steps toward achieving this goal in the next 6 months.
- Although I have taken some small steps toward achieving this goal, I am planning on taking action and changing my behavior within the next 30 days.
- Within the past 6 months, I have been actively changing my behavior.
- I have achieved this goal and sustained my behavior change for more than 6 months.

**4. What are you willing to do now to achieve and/or sustain this goal? (Check all that apply)**

- Make a reasonable time commitment to work on this goal.
- Work with a personal trainer or health coach.
- Explore ways to develop and strengthen healthy habits.
- Make changes in my home and work environments that support my progress.
- Learn more about health and wellness.

**5. What can we do to help you achieve this goal? (Check all that apply)**

- Provide one-on-one support                       Provide resources and education
- Connect me with people with similar goals                       Other \_\_\_\_\_

**6. How do you prefer to exercise? (Check ONE)**

- In a group                       With a trainer, one-on-one                       On my own

**7. How would you prefer to be contacted?**

- By phone \_\_\_\_\_                       By E-mail \_\_\_\_\_

# Participant Activity Readiness Questionnaire

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Name \_\_\_\_\_ Date \_\_\_\_\_

Club location \_\_\_\_\_

Member # \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

E-mail \_\_\_\_\_ Date of birth \_\_\_\_\_

***Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.***

- |   |     |    |
|---|-----|----|
| 1. Has your doctor ever said you have a heart condition?                                    | Yes | No |
| 2. Do you have pains in your heart or chest?  | Yes | No |
| 3. Do you ever feel faint or have spells of severe dizziness?                               | Yes | No |
| 4. Do you have high blood pressure?   | Yes | No |
| 5. Do you have orthopedic or joint problems that could be aggravated by exercise?           | Yes | No |
| 6. Are you 65 or over, and not accustomed to vigorous exercise?                             | Yes | No |
| 7. Do you have diabetes?  | Yes | No |
| 8. Are you taking medications that might alter your response to exercise?                   | Yes | No |
| 9. Is there a physical reason why you shouldn't follow an exercise program even if desired? | Yes | No |
| 10. For women: Are you pregnant?  | Yes | No |

***If you answered "yes" to any of the questions 1-10, you MUST consult a physician prior to your fitness evaluation and fitness program design.***

I, \_\_\_\_\_, certify that this information is complete and accurate to the best of my knowledge.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_