



F A R A
ENHANCING YOUR QUALITY OF LIFE

FARA Fitness Center Membership

(Please check one)

NEW: _____

You are new if: (you have not been a fitness center member before) **OR** (you have been a member in the past and your membership has lapsed).

RENEWING: _____

Please check renewing **ONLY** if your FARA membership is still current.

Start Date: _____ End Date: _____

Name: _____

FARA Membership: _ _ _ _ _

Daytime Phone Number: _ _ _ _ _

Badge Number: _ _ _ _ _

E-mail Address: _____

Please circle a membership plan below:

Membership Plan:

Permanent:	1 Year \$430.00	6 Months \$225.00
Daily:	1 Year \$300.00	6 Months \$160.00
Daily:	3 Months \$100.00	Daily Lockers Only
Key Cards:	Refundable	\$10.00

Membership Period: START: _____ END: _____

Emergency Contact Name & Number: _____

Phone Number: _____

FARA FITNESS CENTER REFUND POLICY:

REFUNDS WILL ONLY BE ISSUED FOR THE FOLLOWING REASONS:

- If a member is leaving the Department of State for the following :
 - Permanent change of station
 - Termination from the Department
 - Retirement from the Department
 - Physician's Medical release

All requests for refunds must be submitted in a writing /email to FARA management.

Agreement: I agree to abide by all the rules and regulations that govern the FARA Fitness Center. I agree that I will use only exercise equipment I am physically fit to operate and will use the equipment in a safe and proper manner. I also realize that neither FARA nor any of its staff is liable for any personal harm or injury that may occur to me as a result of improper use of the facilities or equipment or for injuries that may be sustained as a result of ill health or pre-existing physical defect. I understand, too that FARA is not responsible for articles lost or stolen in the facility.

Applicant Signature:

_____/Date: _____

FARA Sports and Fitness RELEASE OF LIABILITY

In consideration of gaining membership in FARA and being allowed to participate in the activities and programs of FARA and to use the facilities and equipment provided by FARA, I do hereby waive, release and forever discharge FARA employees, representatives and others from any and all responsibility or liability for injuries or damages incurred while participating in any FARA-sponsored sports and/ or exercise activity, whether on or off the FARA grounds.

I understand that participation in FARA sports activities and the use of the FARA Fitness Center, hereafter referred to as “FARA programs” , is potentially hazardous. I understand that sports and exercise activities involve risk of injury and even death and that I am voluntarily participating in FARA's Programs and using the facilities and equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death, regardless of age, pregnancy, or medical condition.

I hereby acknowledge that I have been advised to seek advice from a physician regarding my participation in FARA PROGRAMS. I also acknowledge that it has been recommended that I undergo a yearly or more frequent physical examination and consultation with my physician as to my participation in FARA PROGRAMS. I acknowledge that I have either had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in FARA PROGRAMS without the approval of my physician and do hereby assume all responsibility for my participation.

I certify that I have read and understand all of the foregoing and by signing this release, I am legally bound to the provisions contained herein.

Signature

Date