



**FARA**  
ENHANCING YOUR QUALITY OF LIFE

## SA-17 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:

Locker Plans:

Daily:	1 Year \$300.00	6 Months \$160.00
New Plan:	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.

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**Signature**

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**Date**