

2023 Application for 24-Hour Access



NAME _____ Phone # _____ D.O.B. _____

Address: _____ City/State: _____ Email: _____

Participation Waiver and Release Form:

I have purchased an annual membership to the Bellevue Community Center (BCC) and am applying for 24-Hour Access to the facility, **absent special event closure**. I am aware that there will be no supervision or assistance and that if I am injured, become unconscious, suffer a stroke or heart attack, that there will likely be no one to respond to my emergency and this facility has no duty to provide assistance for me. Even though the BCC is equipped with surveillance cameras and is monitored by the Bellevue Police Department; it is likely that if I require immediate assistance, none will be provided. As such, I understand that having a workout partner accompany me is recommended while at the BCC. Initial: _____

I am voluntarily participating in the use of the BCC and assume all risks of injury, illness or death. I also agree that neither the BCC nor the City of Bellevue shall not be held responsible for any loss or damage to personal property. Initial: _____

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of, (a) my use of amenities and equipment in the facility, (b) sudden and unforeseen malfunction of any equipment and (c) my slipping or falling while in the facility, including adjacent sidewalks and parking areas. Initial: _____

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I expressly agree to release and discharge the BCC, City of Bellevue and all affiliates, employees, agents, representative, heirs, or assigns, from any and all claims or causes of action. I agree to voluntarily give up or waive any right that I may otherwise have to bring legal action against the BCC or City of Bellevue for negligence, personal injury or property damage. Initial: _____

I understand that 24-Hour Access to the BCC is a privilege which can be revoked by the Park and Recreation Director or Board at any time, for any reason, and without warning. I understand that if I allow unauthorized persons into the BCC, the City may pursue legal action against me and my membership may be suspended or terminated, without refund. Initial: _____

Additional

- Please allow up to 48 hours for your access card or app to be available.
- I understand that my access card shall not be shared with anyone including friends and/or family members.
- I understand that I must be 18 years or older to obtain 24-Hour Access to the BCC.
- 24-Hour Access is limited to patrons with paid and current annual memberships.
- Public areas of the BCC premises are under surveillance and may be shared with the public.
- I understand that 24-Hour Access is for the exercise and cardio rooms ONLY.
- I acknowledge and agree that I must scan my card/phone before entering, **EVEN IF** the door is opened by a member ahead of me.
- Legal action will be taken against anyone found destroying City property or committing an otherwise unlawful act.
- Annual family membership subscribers may obtain two 24-Hour Access cards for those over 18.
- I agree to contact the Bellevue Police Department at 419-483-4444 for any concerns that need immediate attention.
- I understand the land line telephone at the front desk is for 911 calls only.
- The Park & Recreation Director and Board may update or change any part of this policy at any time, without warning.

Please check only one: _____ I want to download the KISI app for **free**. (App access also comes with the purchase of a Key Card or Key Fob)
_____ I want to pay \$10 for a Key Card (I understand that if I lose my Key Card, it will be \$20 to replace)
_____ I want to pay \$10 for a Key Fob (I understand that if I lose Key Fob, it will be \$20 to replace)

Applicant Initials: _____

I agree to adhere to all 24-Hour Access policies written or otherwise posted: _____

Signature _____

Date _____

Office Use Only

24-Hour Access Card # _____ Date of Activation: _____ Pd: _____ Staff Initial: _____ Returned: _____ Replaced: _____ RN: _____