



ENROLLMENT MATERIALS

GENERAL INFORMATION

Welcome! The Forrestal Occupational Health Organization (FOHO) Fitness Center is a member-owned/directed, contractor-operated wellness and fitness facility that provides a variety of health and fitness intervention programs.

The full-time professional staff is educated and experienced in a variety of wellness and fitness specialties, including exercise testing and program design, to assist you in achieving your fitness goals.

Our fitness center is designed to provide every employee—at every fitness level—an opportunity to improve or maintain their desired level of fitness.

BASIC MEMBERSHIP

Basic FOHO Fitness Center membership includes:

- Complete individual fitness evaluation and exercise prescription.
- Men’s and women’s locker rooms.
- State-of-the-art cardio and strength training equipment.
- Individual instruction from certified, professional staff.
- A wide range of group exercise classes, including yoga.
- Wellness programs and seminars.

HOURS

Monday through Friday 6 A.M. to 7 P.M.

Designated holidays Closed

ELIGIBILITY

All DOE employees, DOE contractors and federal employees are eligible to use the FOHO Fitness Center.

Members may use the center only after all enrollment forms have been submitted, a Fitness Evaluation and Exercise Program Orientation have been completed, and payment has been made.

All users of the FOHO Fitness Center must complete Informed Consent and Release of Liability forms.

MEMBERSHIP DUES

Membership dues are collected from members according to the following schedule:

DOE Employees

DOE employees are required to sign a payroll deduction authorization for bi-monthly payment of membership dues (refer to Form 1).

\$15,000 and under	\$6.50
\$15,001 to \$30,000	\$8.00
\$30,001 to \$50,000	\$9.50
\$50,001 to \$70,000	\$10.50
\$70,001 and above	\$11.50

Contractors/Other Government Employees

DOE contract employees, military personnel and other federal employees may remit quarterly installments of \$74.75 or pay for a full year (\$299). Daily, weekly and monthly options are also available. Your first installment or the full payment is required at the time of your orientation.

POLICIES, REGULATIONS AND OTHER INFORMATION

USAGE POLICY

The FOHO Board of Directors wishes to remind you that members may use the facility before/after their shift, during their lunch break, or during the work day with appropriate supervisor approval. DOE requires eight hours of work daily from each employee. Your use of the FOHO Fitness Center cannot compromise that requirement.

LOCKER POLICY

Daily lockers are available while using the FOHO Fitness Center. Lockers left occupied throughout the day and overnight will be emptied during hourly locker room checks. (Locks will be cut and contents removed.) Belongings may be claimed from the Lost and Found (see FOHO Fitness Center staff).

Locker rooms are to be vacated from 7:45 P.M. to 9:00 P.M. daily for maintenance.

PERSONAL PROPERTY

Members are responsible for possessions within the center. Members are urged to lock all valuables in a locker while using the fitness center. Gym bags are not permitted in the facility.

The FOHO Fitness Center, HFC, and the FOHO Board of Directors, are not responsible for lost or damaged items.

CODE OF CONDUCT

Any conduct that is deemed uncivilized and disrespectful of the rights of others will result in one or more of the following:

- Verbal warning from staff
- Written warning from the Board of Directors
- Suspension of the use of the facility
- Revocation of membership

DRESS CODE

Those using the FOHO Fitness Center are expected to dress in a manner that reflects good taste and business professionalism. While at the FOHO Fitness Center, members and guests are expected to maintain appropriate hygiene, grooming and dress.

- Shoes and shirts are required at all times in common workout areas and recreational facilities.
- Recommended workout attire: t-shirts, sweat-shirts, athletic shorts, sweatpants, and bike shorts.
- Neat, clean and modest workout clothes are required at all times.
- Black-soled, marking shoes are not permitted in the group exercise rooms.
- Bare feet, open-toed shoes, or street shoes, are not permitted in common workout areas and recreational facilities.
- It is strongly recommended large jewelry be removed for safety reasons while participating in activities in the workout, recreational and group exercise areas.
- All individuals who use the FOHO Fitness Center are required to maintain the highest standards of hygiene and grooming.

Management has the right to alter the FOHO Fitness Center dress code guidelines at any time, in full or in part to meet varying business situations, or non-compliance with the above stated policies.

REGULATIONS

Members are required to follow all rules of the FOHO Fitness Center. Removal or inappropriate use of the FOHO Fitness Center's supplies, equipment, or materials may result in termination of membership.

No food, beverage, or smoking is permitted in the facility.

ENROLLMENT PROCESS

Thank you for your interest in participating in the FOHO Fitness Center. Our carefully designed enrollment process enables us to serve you in the most efficient, safe, and effective manner.

STEP 1: ENROLLMENT FORMS

- A. Complete **Form 1: About You.**
- B. Complete **Form 2: Health History Questionnaire.**
- C. If you answer "yes" to any of the questions on the Health History Questionnaire, or have regular blood pressure measurements greater than 140/90, it is required that your personal physician complete **Form 3: Medical Consultation.** The Medical Consultation is a procedure recommended by the American College of Sports Medicine.
- D. Complete **Form 4: Informed Consent** and **Form 5: Release of Liability.**
- E. **Submit your enrollment forms.** Seal your enrollment forms in a confidential envelope. You may drop off your forms at the FOHO Fitness Center or mail them to:
FOHO Fitness Center
P.O. Box 44123
Washington, DC 20026-4123

STEP 2: FITNESS ASSESSMENT

After you submit your enrollment forms, schedule a Fitness Assessment appointment with the center staff. Appointments are made on a first-come/first-served basis. You have the option between a Quick Fit Check or Full Fitness Assessment.

Quick Fit Check

This fitness assessment provides quick entry into the FOHO Fitness Center and locker room access. The Fit Check provides minimal assessment of your current

fitness level and measures your resting heart rate, resting blood pressure, height, weight, and waist-to-hip ratio. The Quick Fit Check takes approximately ten minutes to complete, and does not require exercise attire.

Full Fitness Assessment

This Fitness Assessment option is a comprehensive assessment of your current level of health and fitness. An HFC fitness professional will assess your fitness level measuring your resting heart rate and blood pressure, body composition, flexibility, cardio-respiratory conditioning, and muscular strength and endurance. This information will provide the professional staff with base line measurements and assist the staff in developing an exercise program specifically tailored to meet your individual health and fitness goals based on your current level of conditioning. The Full Fitness Assessment will take approximately one hour to complete. You will need to be dressed in exercise attire to complete this assessment.

STEP 3: EXERCISE PROGRAM ORIENTATION

Upon completion of STEP 2, we will schedule you for your Exercise Program Orientation. The orientation is an individual meeting with a health and fitness professional. Your Quick Fit Check or Full Fitness Assessment results will be reviewed, and you will be given an individualized exercise program. Please be dressed for exercise. There will be a discussion of policies and procedures and an equipment orientation. The orientation takes about 45 to 60 minutes.

**WE LOOK FORWARD TO WORKING WITH
YOU AND HOPE YOU ENJOY THE BENEFITS
OF THE FOHO FITNESS CENTER!**



Form 1 ABOUT YOU



Name (last, first, mi) Badge Number Date of Birth Gender SSN

Home Address City State ZIP Home phone

Name of Office, Division, or Branch Routing Symbol Room Number E-mail Work phone

Emergency Contact Relationship Emergency phone

Physician's name Date of last doctor visit Physician's phone

FITNESS LEVEL CLASSIFICATION

Over the last six months, how often have you done cardiovascular exercises, i.e., walking, cycling, aerobics, swimming, etc.:

- Seldom/never
- 2 times/month
- 2 times/week
- 3 or more times/week

EMPLOYMENT STATUS

- DOE employee
- DOE contractor
- Military personnel
- Other Federal employee

IMPORTANT INFORMATION BEFORE YOU ENROLL

You must complete all required forms to register in the FOHO Fitness Center and receive your personalized profile and plan. Please be assured that the information you provide will be held in the strictest confidence by Health Fitness Corporation (HFC) and will not be made available to the Department of Energy (DOE) or any other organization.

HFC will provide DOE with aggregate data about program participants on a quarterly basis but will never provide information about you specifically.

You may need information from your doctor. Also, you may need your doctor's signature for you to register in the wellness program.

PAYROLL DEDUCTION AUTHORIZATION (DOE EMPLOYEES ONLY)

I hereby authorize the Department of Energy (DOE) to deduct from my pay each pay period, an amount corresponding to the current fee schedule (at right) for my salary as the fee for membership in the Forrestal Occupational Health Organization (FOHO) and to remit such amount to FOHO in accordance with its arrangements with DOE.

I understand that this authorization will become effective the pay period following its receipt in the payroll office. I may request cancellation of this authorization by completing the official FOHO payroll deduction cancellation form and submitting it to FOHO.

I understand that I may terminate this agreement notifying the FOHO Fitness Center staff in writing at least 30 days prior to the pay period when I would like to resign my membership.

The payroll office will deduct fees on a **bi-weekly** basis according to the following schedule:

SALARY RANGE	DEDUCTION
\$15,000 and under	\$6.50
\$15,001 to \$30,000	\$8.00
\$30,001 to \$50,000	\$9.50
\$50,001 to \$70,000	\$10.50
\$70,001 and above	\$11.50

Signature of DOE Employee Date

This request is hereby authorized for payroll deduction:

Signature and title of FOHO Board Member Date

Privacy Act Statement: Executive Order 9397 allows Federal Agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed. **Please retain a copy of this form for your records!**



Form 2

HEALTH HISTORY QUESTIONNAIRE



WORK INFORMATION

ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____
 EMAIL _____
 PHYSICIAN NAME _____

HOME INFORMATION

ADDRESS _____
 CITY/STATE/ZIP CODE _____
 PHONE _____
 E-MAIL _____
 PHYSICIAN PHONE _____

ADDITIONAL INFORMATION

EMPLOYEE NUMBER _____
 GENDER _____
 DATE OF BIRTH _____
 SOC SEC NUMBER _____
 DATE LAST PHYSICAL _____

Do you have a history of any of the following cardiac, metabolic, or pulmonary conditions? (Please specify with c3 mark)

HEART/VASCULAR

Diagnosed high blood pressure (or systolic BP>140 or diastolic BP>90 mmHG on at
 on at least two separate checks) (12) Y N
 Coronary angioplasty or cardiac surgery (6) Y N
 Heart disease (11), heart attack (10), angina (1) Y N
 Heart murmur (20) Y N
 Peripheral vascular disease (15) Y N
 Stroke (19) Y N
 Other (99) _____ Y N

METABOLIC

Diabetes (7) Y N
 Kidney disease (33) Y N
 Thyroid or other metabolic disorders (33) Y N

RESPIRATORY

Asthma (33) Y N
 Chronic bronchitis (37) Y N
 Emphysema/chronic obstructive pulmonary disease (37) Y N
 Other (99) _____ Y N

Do you currently have any of the following signs/symptoms/conditions?

Ankle swelling (50) Y N
 Chest pain (at rest or exertion)(5) Y N
 Dizziness/fainting (19) Y N
 WOMEN: Are you pregnant? Y N

Rapid heartbeats or palpitations (31) Y N
 Shortness of breath (at mild exertion/rest) (18) Y N
 Unexplained fatigue (unusual fatigue or
 shortness of breath with usual activities) (33) Y N

If you marked "Y" to **one or more** of the items above, you must obtain your personal physician's consent prior to scheduling your fitness assessment (see Medical Consultation Form).

Do you currently have any of the following coronary risk factors?

Female age 55 or above Y N
 Male age 45 or above Y N
 Hypercholesterolemia/elevated cholesterol or abnormal blood lipids (32) Y N
 (total cholesterol>200mg/dL or HDL<35 mg/dL)

Smoking habit (within past 6 months) (49) Y N
 Family history of heart disease (9) Y N
 (parents or siblings before age 55) Y N
 Sedentary lifestyle (inactive job with no regular exercise program;
 active <3 times/week; or no recreational pursuits) Y N

If you marked "Y" to **two or more** of the items above, you must obtain your personal physician's consent prior to scheduling your fitness assessment (see Medical Consultation form).

Please check if you have any of the following conditions. These conditions may require medical consultation.

MAJOR SURGERY OR HOSPITALIZATION (within the past 6 months)(45) Please explain _____
 ANEMIA (severe<10 GM/dl) (35) ARTHRITIS (25) CHRONIC BACK PROBLEMS (25) ORTHOPEDIC PROBLEMS (joint, bone problems)(46)

Please specify body region if you have arthritis or orthopedic problems _____

What other medical conditions or physical limitations should be considered prior to your participation in an exercise program?

Please specify _____

List all medications you are taking (prescription and over-the-counter):

Medication _____	Reason _____
Medication _____	Reason _____
Medication _____	Reason _____

I verify I have answered these questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my exercise program, I will notify the center staff immediately.

Signature _____
 Printed Name _____
 Date Signed _____

REVIEW DATE	CHANGES	IF YES, DESCRIBE	STAFF MEMBER
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NOTE: If changes are indicated, the participant and physician (if necessary) should complete a new form before retesting.

NAME: _____
 EMERGENCY CONTACT: _____
 MEMBER ID NUMBER: _____
 RELATION: _____
 LOCKER NUMBER: _____
 PHONE NUMBER: _____
 CONTRACT START DATE: _____



Form 3

MEDICAL CONSULTATION



MEMBER NAME _____

DATE: --

NOTE TO PHYSICIAN

This individual would like to participate in a fitness program offered by Health Fitness Corporation. On the opposite side of this form, the individual has indicated health history information that precludes Health Fitness Corporation from allowing him/her to participate in the fitness program

without your consent and recommendations, if any. Please complete the Medical Recommendations section below and return this form to the individual at your earliest convenience.

DESCRIPTION OF PROGRAM

If admitted to the health and fitness program, the individual will be given the option of completing an assessment of his or her current fitness level by completing either (a) HFC's Quick Fit Check, consisting of measuring resting heart rate and blood pressure, height, weight, and hip-to-waist ratio; or (b) HFC's Full Fitness Assessment, consisting of a series of non-diagnostic assessments which may include the measurement of an individual's resting heart rate and blood pressure, body composition, flexibility, cardio-respiratory conditioning, muscular strength and endurance.

Based on these tests, Health History information (copy on the reverse side), and your recommendations, if any, an exercise program will be developed for the individual. A typical fitness program may include the following:

- 5 to 10 minute warm-up (light exercise and stretching)
- 10 to 45 minute aerobic activity (running, walking, stair stepping, bicycling, aerobic dance, etc.)
- 10 to 30 minute strength training (resistance machines, free weights, floor exercises)
- 5 to 10 minute cool-down (stretching and flexibility activities)

EXAMINATION RESULTS

HEIGHT _____ WEIGHT _____ RESTING BLOOD PRESSURE _____ CHOLESTEROL _____

LUNGS normal abnormal Comments _____

HEART normal abnormal Comments _____

MUSCULO-SKELETAL normal abnormal Comments _____

MEDICAL RECOMMENDATIONS

 Check one recommendation option below and complete associated questions, if any.

This individual MAY NOT PARTICIPATE in the fitness center program based on the following limitations: _____

This individual MAY PARTICIPATE WITHOUT RESTRICTION in all fitness center activities.

This individual may participate in the fitness center program with the following limitations: _____

Is there a maximum heart rate this individual should not exceed during aerobic exercise other than what is recommended for the participant's age and fitness level? Y N If yes, please specify: _____ beats per minute.

The following program(s) are recommended (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Nutrition analysis | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Back care |
| <input type="checkbox"/> Muscle strengthening | <input type="checkbox"/> Aerobic conditioning | <input type="checkbox"/> Flexibility improvement |
| <input type="checkbox"/> Blood pressure monitoring | <input type="checkbox"/> Pre-/Post-natal exercise | <input type="checkbox"/> Stress management |

Exercise DOs and DON'Ts for the following orthopedic issue: _____

Other: _____

PHYSICIAN INFORMATION

NAME (PLEASE PRINT) _____ SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

If you would like to discuss this Medical Consultation Form in detail, please contact the FOHO Program Manager at 202.586.8402.



Form 4 INFORMED CONSENT



Fitness Assessment

I acknowledge I have read and understand the information in the statement "A Word About Our Fitness Assessment" on the reverse side of this form. I understand, as a participant who is to be assessed and given an exercise program at the FOHO Fitness Center, I will be given the option to undertake either a Quick Fit Check or Full Fitness Assessment to measure some or all of the following items: (1) flexibility; (2) muscular strength and endurance; (3) body composition; and (4) changes in heart rate and blood pressure before, during and after a bicycle ergometer exercise test. I understand a particular set of test results does not necessarily mean I am: (1) fit, (2) unfit, or (3) benefiting from exercise. That judgment can only be made by my physician, who has extensive training, and with the results of other tests from which to draw such a conclusion.

I am aware the fitness assessments given in connection with the fitness program are for the purposes of designing a personal exercise program and providing information on conditioning levels compared to norms. I understand the fitness assessment is not intended to replace medical screening I may need, and neither the FOHO Fitness Center nor Health Fitness Corporation has concluded the exercise program is medically appropriate for me. I understand it is my responsibility to consult with my physician regarding my fitness program participation.

Health History and Status

I understand I will be questioned by the FOHO Fitness Center staff about my health status, and I agree to complete a Health History Questionnaire.

I certify the information I provide to the FOHO Fitness Center staff about my health and exercise history and current health status is, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform the FOHO Fitness Center staff in the event of any change in my health or medical status. The information obtained during this program will be treated as privileged and confidential. It is not to be released or revealed without my written consent, except to authorized personnel from the FOHO Fitness Center, to the referring physician, or as may be required by law. If I become ill or injured and require emergency service assistance, I authorize disclosure of my health and medical information on file to the attending emergency assistance personnel. The information, however, may be used for statistical analysis, without naming or in any way attributing this information to a specific individual.

Risks

I understand there are possibilities of injury or other complications, including but not limited to: musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during such testing, while completing a recommended exercise program or while otherwise using the FOHO Fitness Center or while participating in any health and fitness program activities, at and away from the FOHO Fitness Center.

I voluntarily agree to submit to such testing procedures and to assume all risks associated with my participation in the health and fitness program. I understand and acknowledge it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand use of the FOHO Fitness Center and participation in health and fitness program activities is strictly voluntary, is not required of employees of participating companies, and I may discontinue my participation at any time. I further understand that Health Fitness Corporation may revoke my privileges to use the FOHO Fitness Center at any time, at its sole discretion. I agree to be bound by and obey all the rules of the FOHO Fitness Center, Health Fitness Corporation and the FOHO Fitness Center staff in my use of the facilities and in my participation in the health and fitness program activities.

Confidentiality of Records

All personal and medical information HFC obtains as part of your admittance into the FOHO Fitness Center will be kept strictly confidential. Unless necessary to respond to an emergency, this information will not be given to any Department of Energy employees, nor will it be made available to anyone except the FOHO Fitness Center staff, unless required by law. There will be no release of personal or medical information without your written consent, unless required by law.

Signature

In signing this form, you state that you have read and fully understand the descriptions and risks described herein. Any questions that have occurred to you have been raised and have been answered to your satisfaction. Furthermore, you state that you understand that use of the FOHO Fitness Center and related programs is optional, and that you may withdraw from participation at any time at your discretion.

_____ Signature	_____ Date
_____ Witness Signature	_____ Date

In consideration for being allowed to use the Forrestal Occupational Health Organization (FOHO) Fitness Center, being tested and given an exercise program, and being allowed to participate in program activities, I assume all risks of injury or loss arising from my use of the program activities and facilities. I hereby agree not to sue and to release FOHO, the Department of Energy (DOE), and Health Fitness Corporation (HFC) and their directors, officers, employees, agents, successors, and assigns from any and all claims, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to my use of the FOHO Fitness Center. This release shall be binding upon my heirs, administrators, executors, and assigns.

I represent I have read and understood this Informed Consent and Release of Liability and acknowledge this release is being relied on by FOHO, DOE and HFC in permitting me to use the FOHO Fitness Center.

I understand at any time I may review this Informed Consent and Release of Liability by requesting a copy from the fitness center staff. I agree if any portion of this form is held invalid, the remainder of this form will continue in full legal force and effect.

I further agree any photographs, slides, videos, recordings or movies taken or made by FOHO or DOE, its agent and employees, in connection with my participation in FOHO Fitness Center programs, or any reproduction of same as well as my name, may in any manner be used by FOHO or by any person, corporation or association authorized by FOHO.

I have carefully read this release and understand its terms. I sign it voluntarily with full knowledge of its legal significance as well as having been advised of my right to have my attorney review it.

Name (please print)

Signature

Date

A WORD ABOUT OUR FITNESS ASSESSMENT

The HFC Fitness Assessment and subsequent exercise programs involve monitoring your pulse rate at rest and during activity (Full Fitness Assessment). Some authorities feel that by watching changes in your resting and exercising pulse rates, one can judge some of the effects of a sustained program of exercise. There is data available which shows the performance ranges within which a large number of individuals fall.

Please do not ask the health and fitness professionals what the medical implications of the tests are for you as an individual. HFC staff are trained in the areas of fitness and health promotion and are neither trained nor qualified to either diagnose or prescribe treatment for medical conditions. Should you need or desire medical attention or advice on a medical condition, please consult with your personal physician.

FACILITY FEATURES AND SERVICES

GROUP EXERCISE CLASSES

We offer a variety of aerobic and conditioning classes. Stop by the front desk for a current class schedule.

PROFESSIONAL STAFF

Health Fitness Corporation (HFC) has been contracted to manage the FOHO Fitness Center. HFC staff are certified, experienced professionals who are dedicated to helping you achieve your fitness goals. We help you develop a personalized exercise program, periodically reassess your fitness progress, and assist you during your exercise sessions, when needed.

FITNESS EQUIPMENT

The FOHO Fitness Center features state-of-the-art cardiovascular and strength training equipment (list below).

Cardiovascular Area

- Treadmills
- Lifecycles
- Stairmasters
- Airdynes, Recumbent bikes
- Rowing machines
- Elliptical cross trainers
- Upper Body Ergometer (UBE)

Strength Training Area

Various equipment from Cybex, Magnum and Body Masters

Free Weight Area

Various free weights

Stretching Area

Group Exercise Area

FOHO Fitness Center

P.O. BOX 44123 • Washington, DC 20026-4123

Phone: 202.586.8402 • Fax: 202.586.8129

The FOHO Fitness Center is professionally managed by Health Fitness Corporation, the leading provider of results-oriented health improvement solutions. For more information, please visit hfit.com.





LOCKER ROOM POLICIES & RENTAL AGREEMENT



RULES AND REGULATIONS

- Day use lockers** are available for all FOHO members in good standing, while using the facility. Members are encouraged to use a lock to protect their belongings. Overnight use of day use lockers is prohibited. Items left in a day locker overnight will be removed and stored in the fitness center's lost and found for 30 days. Locks left on these lockers will be cut. NOTE: Locks and personal property are the sole responsibility of each member; **FOHO is not responsible for personal property.**
- Locker Rental:** Small, medium, and large lockers have been designated for member rental. Upon joining the facility, you may request placement on the waiting list. Should a rental locker become available, the annual rental fee will be prorated. You must sign a rental locker agreement. No deposits or payments will be accepted for a rental locker while you are on the waiting list.
- Locker Room Hours:** Locker rooms are open for member use 23 hours a day, seven days a week. Locker rooms are closed 7:30 PM to 8:30 PM daily for cleaning.

In the event we need to close the locker rooms for maintenance, emergency, or any other reason, you will be notified via e-mail.
- Locker Cleanliness:** Members are equally responsible for keeping the locker rooms neat and clean. All personal possessions must remain inside your locker. Sponges, towels, and other body wash items are not to be hung on locks or anywhere on the locker door while you are using the facility. Items in violation of this rule will be removed. Regular cleaning is performed by the staff outside FOHO operating hours in conjunction with Facility Management cleaning and maintenance.

Storage of items under the benches, on top of the lockers, or anywhere outside the locker is not encouraged. Items found in repeated violation will be removed and placed in the fitness center's lost and found.
- Towels and Hygiene Items:** Members must provide their own towels and other hygiene items with the exception of soap (provided by the facility).

No glass bottles or containers are permitted in the locker rooms.
- Please re-set scales back to zero after use.

Disclaimer:

All rental fees are deposited into the FOHO operation account. FOHO is a non-profit organization.

LOCKER RENTAL AGREEMENT

Annual Renewal Policy • By agreeing to the terms in this locker agreement, I understand that the locker renewal period begins April 1 through the last business day in April. I will be notified via e-mail announcing the renewal period has begun. A final e-mail will be sent within two weeks before the end of the renewal period. Failure to renew by the last business day in April will result in the loss of my locker rental. In the event I lose my locker, I will have an opportunity to add my name to the waiting list. In the event unforeseen circumstances (e.g., medical) prevent me from contacting FOHO management of my intent to renew or make arrangements, a written appeal may be made to the FOHO Board of Directors for review and approval to allow an extension for renewal. While a tenant and member, I must update all contact information when necessary to the staff at FOHO.

Cancellation of Rental Locker Agreement • If I desire to cancel my Rental Locker Agreement, I must do so in writing or e-mail. Upon receipt of notification, a prorated refund amount will be granted within 90 days of signing the Rental Agreement Contract. Any other cancellations beyond 90 days may be submitted in writing to the FOHO Board of Directors for review of any extenuating circumstances.

Waiting List and Locker Transfer • I understand my name may appear on separate waiting lists, designating my preference; I will ascend up the list according to the turnover of rental lockers. If a locker should become available while my name is on the list for a different size locker, I will be credited the difference or charged the balance of that locker size. Upon transfer to the new locker, a new agreement will be signed. While on the waiting list, it is my responsibility to contact FOHO to report any updates in personal contact information.

Locker Sharing • While FOHO Management and the Board of Directors do not encourage sharing lockers, I may do so at my own discretion. Neither FOHO management nor the FOHO Board of Directors will have involvement in the sharing of lockers. The name that appears on the contract agreement is responsible for the locker.

Locker Cleanliness • I am responsible for the cleanliness of my rented locker. I understand the space above and outside my locker is not for temporary or permanent storage. I understand the space outside of any locker is for use by any member.

I, _____, agree to rent locker # _____ for \$ _____ for one year with the option to renew annually.

MEMBER NAME (PLEASE PRINT)

DATE

MEMBER SIGNATURE