

Responsible Restart Ohio

Twinsburg Fitness Center Membership Reactivation (complete for those with current memberships only)

On Monday, March 16, 2020, the Twinsburg Fitness Center closed due to the Covid-19 pandemic. Since then all memberships have been frozen. Those members who pay monthly for their membership (credit card or bank account withdrawals) have not received any debits from their accounts. Now that the Twinsburg Fitness Center is slowly starting to re-open, all members have the opportunity to reactivate their membership. We understand not all of our members want to rejoin at this time. For those, we will continue to freeze your membership.

Those members who are not comfortable reactivating your membership do not have to do anything. We will continue to freeze your membership.

When we open the Fitness Center, only those current members 16 years and older will be permitted. Those under 16 years old, will automatically remain frozen at this time. When guidelines loosen, we can start reactivating these younger members.

To reactivate your membership, please select the appropriate option, sign, and return to the Fitness Center. It is best to return before your first visit as this will save you time.

How to return:

Email – fitness@twinsburg.oh.us

Fax – 330-405-5767

Questions or to find out what times you can drop off your form in person – www.twinsburgfitness.com or 330-405-5757

Activation Options

Initial selection

_____ A. All members on the membership (including SilverSneakers) are eligible and ready to reactivate their membership. Expiration will be extended by the correct number of days starting from March 16, 2020.

List members who are reactivating: _____

What date would you like your membership to reactivate: _____

_____ B. Not all members want to, or are not eligible to (15 years and under) to reactivate the membership.

Members who can and would like to reactivate: _____

What date would you like your membership to reactivate: _____

Members who are not eligible or who would not like to reactivate at this time and will remain frozen:

Bundle Memberships – if you would like to cancel your Waterpark portion of the Bundle Membership, please call us at 330-405-5757

PLEASE READ, INITIAL AND SIGN WAIVER ON BACK

Waiver

- I have read and understand the 'Twinsburg Fitness Center Re-Opening Plan'. _____ (initial)
- With the addition of the new 'scan and go' security gate at the main entrance, I understand and agree to not allow anyone else into the facility with my pass. Additionally, I will not hold the gate open and let other people in, nor will I allow someone else to use my pass. Violating these rules will result in membership forfeit without refund. _____ (initial)
- The undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in Ohio and Summit County. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Ohio Department of Health (ODH), and Summit County Health Department, for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating members of the pass shall visit or utilize the facilities, services, and programs of the Twinsburg Fitness Center (TFC) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating members of the pass shall visit or utilize the TFC if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the TFC immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The TFC has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access-use restrictions set forth above. The undersigned acknowledges and agrees that the TFC may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health agencies and further agrees to comply with the TFC's revised procedures prior to utilizing the facilities, services, and programs of the TFC.

_____ (initial)

I have read and understand the terms of TFC Membership Reactivation

Printed Name	Signature	Date
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Office Use:

Membership was frozen on March 15, 2020. Original Membership Expiration Date: _____

Reactivation Date: _____ Total number of days frozen: _____

New Expiration Date for reactivated members: _____

If ARB Membership, first payment will be withdrawn on: _____
