

# STARPORT

## NASA EXCHANGE - JSC

Applicant must present work badge, or signed company letter with employee identification number. Employee must be present to initialize spouse, domestic partner, or dependent's membership. Proof of residence, driver's license, and/or birth certificate may be required at anytime for verification.

### NASA Affiliation Memberships *(Please Check One)*

Access to the Gilruth Center Strength & Cardio Center, Basketball Gym, Group Ex Studio, SPINNING® Studio, & Yoga/Pilates Studio

Type	Annual	Monthly
Interplanetary—NASA CS/Starport Partner/Co-op <input type="checkbox"/>	\$5 Badge Fee	N/A
Interplanetary—NASA Contractor (Non-Partner) <input type="checkbox"/>	\$265	<input type="checkbox"/> \$24
Interplanetary—Spouse/Domestic Partner <input type="checkbox"/>	\$265	<input type="checkbox"/> \$24
Interplanetary—Dependent [Ages 12-26] <input type="checkbox"/>	\$265	<input type="checkbox"/> \$24
Interplanetary—Ellington Military <input type="checkbox"/>	\$265	<input type="checkbox"/> \$24
Interplanetary—Retiree <input type="checkbox"/>	\$195	<input type="checkbox"/> \$18

### Memberships Open to Everyone *(Please Check One)*

Type	Annual	Monthly
Galactic — Group Ex, Spinning, & Yoga/Pilates <input type="checkbox"/>	\$250	<input type="checkbox"/> \$22
Outer Space — Outer Space Studio <input type="checkbox"/>	\$170	<input type="checkbox"/> \$15

First Name	Last Name	MI	Birthday [MM/YY]	
Street Address		City	State	Zip Code
Primary Email Address		Primary Phone Number		
Emergency Contact Phone Number		Emergency Contact Name and Relationship		
Employer		Employer Badge Number (Not NASA, unless Civil Servant)		

Per NASA policy [NPR 1800.1C-3.3.6.2] all new members to the NASA-JSC Gilruth facility must receive a fitness center orientation conducted by a NASA-JSC Starport Fitness Technician or a Management Personnel.

*Please initial here to certify that you have received a formal orientation of the Fitness Center.* \_\_\_\_\_

### Release of Liability and Member Agreement

In consideration of gaining membership or being allowed to participate in the activities and programs of Starport Fitness and to use its facilities, equipment, and machinery, in addition to the payment of any fee or charges, I do hereby waive, release and forever discharge Starport Fitness, its officers, agents, employee's representatives, executors, and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Starport Fitness or the use of equipment at Starport Fitness.

*Please initial* \_\_\_\_\_

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in any activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and death.

*Please initial* \_\_\_\_\_

I do hereby further declare myself to be physically sound and suffering from no condition impairment, disease, infirmity, or illness that will prevent my participation in any activities or programs of the Starport Fitness or use of equipment or machinery except hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise or training equipment so that I might have recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician, and I do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

*Please initial* \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By

MI

First Name

Last Name