SUNRISE CENTER MEMBERSHIP AGREEMENT

I _____, enter into a membership agreement with Sunrise Center which is part of Alcona County Commission on Aging. This membership agreement offers you the use of a full gymnasium, fitness center, game room and locker rooms. Additional costs are available to rent rooms for a private party or event. This membership cannot be transferred or shared with anyone unless it is a family membership.

Phone # :_____

Email Address:_____

Address:_____

County:_____

Membership Type:_____

Length of Membership: _____

- **Paid: Cash**
- **Paid: Check Check #_____**

The member promises to follow all rules and conditions when utilizing the facility.

- **Respect other member's rights.**
- **Wipe down all fitness equipment after use. Wipes are available in the fitness area.**
- **If equipment is broken, please find a staff member immediately and report the issue.**
- **If you have any medical conditions, please consult your doctor for approval of strenuous activity.**
- **If you have questions on how equipment works please ask staff for help.**
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- **Personal music devices are allowed in the fitness area but please keep the volume at an approximate level as to not disturb other users.**
- **Children under the age of 18 must have parental consent for memberships. Parents/Guardians must sign membership forms.**
- **Please make sure all free-weights are returned to the racks when you are done using them.**
- **Sixteen and over may be unsupervised in the facility.**
- **Children 11 to 15 years old must be accompanied by an adult with direct supervision at all times in fitness room. No one under the age of 11 is allowed on fitness equipment or is allowed to use free weights.**
- **Children 10 and younger must have supervision by an adult at ALL times.**

I have read and understand the membership form.

The information I have provided is answered to the best of my ability.

If any personal information changes I will notify The Sunrise Center of the changes.

I am aware and understand the potential risks associated with physical exercise and I am voluntarily taking part in these actives with that knowledge.

I have read, understood, and agree to abide by the terms and conditions of this membership agreement. I understand that any breach of these rules and conditions will possibly result in temporary or permanent revocation of my membership.

Signature: _____

Print Name: _____

Parental/Guardian Signature: _____
(Under the age of 18)

Date: _____

7/30/2025
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