

# 2021 JBS Health Club Summer Application Form

The individual(s)/family named below is applying for a membership to the JBS Health Club. Membership entitles the individual(s) to use the facilities of the Health Club during hours of operation from June 7, 2021 to September 3, 2021. **NOTE – NO POOL ACCESS.** Membership is not complete until applicable fees have been paid. The individuals included in this membership agree to sign the membership agreement (see back).  
Memberships may not be transferred or loaned.

Please fill out application entirely. Your e-mail will only be used to send information regarding changes in operating hours and unscheduled closings. For campus safety and security purposes, we ask that you please provide information for any/all cars that you'll drive to JBS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Car Make and Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Spouse's Name (if family membership): \_\_\_\_\_

Name and Ages of Children (age 25 and under, if family membership)

\_\_\_\_\_

## 2021 Summer Membership Rates

(please check membership choice/ see next page for more information)

### Community Member

Family \$ FREE

Individual \$ FREE

### Sponsored Member

Family \$ 50

Individual \$ 25

PLEASE FILL OUT THIS FORM, **FRONT AND BACK**, AND RETURN TO:

John Burroughs School, 755 S. Price Road, St. Louis, Mo 63124

ATTN: William Feuerbacher

# JBS HEALTH CLUB

## MEMBERSHIP AGREEMENT

In consideration of my/our admission to membership and/or use in the JBS Health Club, I/we agree to the following:

1. I/we agree to abide by all posted rules and conditions of membership and acknowledge that I/we received a copy of the conditions and membership rules.
2. I/we understand that I/we will be responsible for payment to John Burroughs School for any damage that I/we, or my guest(s), may cause either to the premises or the equipment provided.
3. I/we recognize that the use of athletic facilities and athletic equipment, including equipment located in the fitness studios and weight room, carries with it certain risks of physical injury. I/we hereby agree to release John Burroughs School from any negligence and all liability of any kind or nature whatsoever, including attorney's fees, which may accrue to me/us or the members of my family or my/our guests as the result of the use of facilities, including (but not limited to) the indoor pool, fitness studios, weight room, and all locker room facilities.
4. I/we also understand that John Burroughs School is not responsible for any personal belongings which I/we may bring upon the premises and that locker facilities are made available only for my/our convenience during workout time.

Signatures \_\_\_\_\_  
Member Spouse

(children under the age of 25)

Date \_\_\_\_\_

### Hours of Operation:

Monday – Friday: 6:00 – 11:00am

Monday – \*Friday: 2:30 – 5:30pm (\*4:30pm Fridays)

Saturday & Sunday: CLOSED

**NOTE – NO POOL ACCESS. For closures please go to: [jbshealthclub.com](http://jbshealthclub.com)**