



Members of the Cedar Rapids Area Association of REALTORS® are eligible for a membership with the Midwest Athletic Club (MAC).

To set up your membership, please complete the following *Membership Agreement* and *Waiver and Release of Liability*.

The cost per person is \$25.68/month. There is no application fee.

If you are a REALTOR® member of the CRAAR, you will be billed on your CRAAR account. If you are an affiliate member of the CRAAR, please complete the following *MAC Credit Card Payment Option Plan*.

The membership is on a month-to-month basis and the billing is done on the 25th of every month. If you join in the middle of the month, you will be charged for the full amount. Or you can wait until the 25th to start your membership. Please note on your agreement when you would like to start your membership. Cancellations must be received by the 24th to cancel for the following month.

Please email the completed forms to [MelissaOlson@crrealtors.org](mailto:MelissaOlson@crrealtors.org).

This membership gives you access to both main locations (4700 Tama Street SE and 1220 Jacolyn Drive SW). If you want a membership to one of the XPRESS 24/7 locations, you need to set that membership up directly with the MAC.

Once the completed forms have been submitted, please go to either main location and tell them you are signed up under the Cedar Rapids Area Association of REALTORS® corporate account...they will get your membership set up.



**CORPORATE MEMBERSHIP AGREEMENT**

Corporate Office • 4700 Tama St SE Suite 100 • Cedar Rapids, IA 52403

**Member Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Membership # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph # \_\_\_\_\_

SS# \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Cell # \_\_\_\_\_

**Family Add On (if applicable)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Membership # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Email: \_\_\_\_\_ Ph # \_\_\_\_\_

**Corporate Amendment**

I understand I am joining The M.A.C. (Midwest Athletic Club) as part of a corporate wellness program through my employment with \_\_\_\_\_

As long as my company continues to renew the corporate benefit, at the time of renewal, and I am still a current employee, my membership will remain active.

Midwest Athletic Club will send attendance reports to your employer each month. If you are no longer eligible for membership, your company will ask The M.A.C. to remove your name from the report and your membership will terminate. If you wish to remain a member on your own, you may rollover to current M.A.C. rates with a discounted membership fee. Please come to The M.A.C. to complete the rollover.

If you are a current employee, but do not wish to continue your membership, you must inform your employer and your employer will inform The M.A.C to remove your name from the group listing.

If you have an upgraded membership to the XPRESS FITNESS CENTER 24/7, and your corporate wellness membership is being terminated, you must either rollover to current M.A.C. rates or complete a cancellation form and return your access card. I understand I will be billed \$15 if my access card is not returned to The M.A.C. \_\_\_\_ (initial here)

I am a current member of The M.A.C. Please freeze my current membership so I am able to take advantage of the corporate wellness program through my employer. I understand, that if I am no longer eligible for the corporate benefit, my original agreement with The M.A.C. will resume. \_\_\_\_ (initial here)

**Notice to Member:**

Do not sign this agreement until you read it. Do not sign this agreement if there are blank spaces. In the event of death or disability, this agreement may be cancelled.

By signing this agreement, I indicate that I have read the above and fully agree to the terms and conditions of this agreement.

Member Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

M.A.C. Agent \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**Special Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

New Image Fitness & Gym Ltd. d/b/a Midwest Athletic Club, its subsidiaries, related entities, including but not limited to MAC Xpress, Inc., their officers, directors, shareholders, agents, instructors, contractors and employees (collectively referred to as "MAC") are not responsible for any injury or loss of property suffered while participating in MAC activities, using any MAC equipment or facilities, or occurring upon MAC premises, for any reason whatsoever, including ordinary negligence on the part of the MAC.

In consideration of my membership and being able to use MAC facilities and equipment, I hereby release and covenant not to sue the MAC, for any and all present and future claims which may result from ordinary negligence on the part of the MAC for any loss or damage, including but not limited to theft, personal injury, or death, arising as a result of using the facilities and equipment of the MAC and engaging in any activities sponsored or provided by the MAC or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that health and fitness club activities may include cardiovascular activity (e.g. aerobics, swimming, treadmills, bicycles, steppers, racquetball, or any other activities offered as programming) and the exertion of strength training (e.g. free weights, bands, weight machines and other strength and resistance equipment). I understand that these and other physical activities at the MAC involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, soft tissue or muscles. I am voluntarily participating in MAC activities, entirely at my own risk and with full knowledge of the dangers involved and hereby agree to accept any and all of the inherent risks associated with MAC usage, including property damage, personal injury, or death.

Certain MAC facilities allow access at any time. As such, you are aware that there will be **no supervision or assistance available**. I am also aware that if I am injured, become unconscious, suffer a stroke or heart attack, there will likely be no one to respond to my emergency and the MAC has no duty to provide assistance to me. Even though these facilities are equipped with surveillance cameras, it is likely that should I require immediate assistance, none will be available or provided. The MAC **STRONGLY** recommends training with a workout partner who is also a member. **Initial** \_\_\_\_\_

I further agree to indemnify and hold harmless The MAC and other listed for any and all claims arising as a result of my engaging in club activities or any activities incidental thereto, wherever, whenever, or however the same occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Iowa and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in Iowa.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of The MAC or any of the parties listed above.

**The MAC urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity.**

**I HAVE READ THE FOREGOING RELEASE, UNDERSTAND ITS TERMS, AND FREELY AND VOLUNTARILY SIGN THE SAME.**

\_\_\_\_\_  
Parent of Minor Signature                      Date

\_\_\_\_\_  
Signature of Participant                      Date

\_\_\_\_\_  
Printed Name of Parent of Minor              Date

\_\_\_\_\_  
Printed Name of Participant                      Date

# MAC Credit Card



# Payment Option Plan

If you are interested in having your MAC charges billed directly to your credit card (MasterCard or Visa only), just complete the form below.

Please sign, date and return to the CRAAR office.

If you have any questions, please call Melissa at 363-9604.

Name \_\_\_\_\_

Cardholders Name (As it appears on card) \_\_\_\_\_

Cardholders Zip Code (From billing address) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_