

***Interior Department Recreation Association***  
**FITNESS CENTER APPLICATION**

\_\_\_\_\_ Date of Application  
\_\_\_\_\_ \$25.00 Initiation Fee (Non-Refundable)

**IDRA Annual Membership Fee (Select One):**

\_\_\_\_\_ \$15.00 Annual Association Fee (DOI, OPM, GSA & Retirees)  
\_\_\_\_\_ \$17.00 Annual Association Fee (DAR, OAS, & PAHO)

**Payment Method (Select One):**

\_\_\_\_\_ Bi-weekly/Payroll Allotment (DOI, OPM)  
\_\_\_\_\_ Monthly (OAS, PAHO, DAR)  
\_\_\_\_\_ Quarterly  
\_\_\_\_\_ Semi-Annually  
\_\_\_\_\_ Annually  
\_\_\_\_\_ Temporary  
\_\_\_\_\_ DOI Retirees

**Employment:**

\_\_\_\_\_ DOI \_\_\_\_\_ OPM \_\_\_\_\_ OAS \_\_\_\_\_ PAHO \_\_\_\_\_ DAR \_\_\_\_\_ GSA \_\_\_\_\_ STATE  
\_\_\_\_\_ RED CROSS \_\_\_\_\_ FRB \_\_\_\_\_ OTHER

*(DOI employees please circle bureau below)*

BIA BLM BOR FWS BOEM BSEE NBC NPS OIG OS OSM USGS SOL BIE

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*(Please print clearly)*

\_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F  
\_\_\_\_\_ Street Address  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
\_\_\_\_\_ Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Signature  
\_\_\_\_\_ E-mail address



**IDRA FITNESS CENTER RULES & REGULATIONS**

**All Members of the IDRA Fitness Center must show their card upon entering the Fitness Center.**

1. Each Fitness Center member must maintain a current IDRA membership. IDRA billing statements are mailed annually in March and payment is due **May 1st** of each year.
2. Smoking is not permitted in the Fitness Center.
3. Food or beverages may not be consumed in or brought into the Fitness Center, with the exception of water/beverages in a plastic bottle with a lid.
4. Upon exiting the building to go jogging, etc., and upon return, all individuals must use designated exits.
5. IDRA reserves the right to sever all membership privileges for participants if at any time it feels that such participation is interfering with service to other members.
6. If you are using a locker that is designated for "Day Use only," the lock and all contents must be removed by the close of the fitness center that day. Any locks or items left overnight will be removed by the IDRA Fitness Center management.
7. Members whose memberships expire must empty their lockers within five days of expiration or have their lock removed and contents disposed of by the Fitness Center staff.
8. Members are required to wear appropriate sports/fitness attire at all times. Clothing with belts, buckles and zippers including jeans and/or other office attire, or other features judged by the IDRA staff to be potentially destructive to upholstery or other IDRA Fitness Center equipment is not permitted.
9. Towels are permitted in the weight room. All other personal items, including gym bags, must be kept in lockers.
10. Shirts must be worn at all times while in weight room, aerobic area, cardiovascular area, etc.
11. Members and guests may not display actions that the Fitness Center staff deem unsportsmanlike or rude, or misuse, move or alter any portion of the Fitness Center environment or property.
12. No bare feet allowed outside of locker rooms.
13. Members and guests are fully responsible for personal items that are lost, stolen, or damaged at the Fitness Center.
14. Street shoes and black-soled shoes of any kind are not permitted on the hardwood gym floor, with the exception of non-marking black soled fitness sneakers.
15. Members using payroll allotment **MUST REMAIN MEMBERS FOR AT LEAST 90 DAYS**. Exceptions are made for persons who transfer jobs or who can no longer exercise for medical reasons (documentation from supervisor or doctor required). The cancellation process for payroll allotment could take up to (1) one month.
16. **Guest Policy:** All non-members must first contact an IDRA Fitness Center staff member and sign an informed "Consent Waiver" prior to participating in any activity. Our policy permits the same person to be a guest only once every ninety (90) days. If you are interested in using the Fitness Center more frequently, please consult a staff member to inquire about membership.
17. Members must adhere to any other rules and regulations that are posted throughout the Fitness Center.

**I have read the rules and regulations pertaining to my use of the IDRA Fitness Center. By signing below I agree to comply with said requirements as well as other posted rules and regulations with the understanding that if I do not, my membership privileges and all membership dues will be forfeited.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IDRA FITNESS CENTER - INFORMED CONSENT WAIVER**

I, the undersigned, wish to participate in the fitness program as offered by the IDRA and its Fitness Center. I certify that I am physically able to participate in any activities in which I will take part. I have a reasonable basis for this opinion due to examination and/or consultation with my physician. I also certify that I will use good judgment while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health, and I will advise the fitness director/staff of any health problems related to exercising. I understand the participation in some or all fitness center activities may be denied to me for health reasons at the discretion of the IDRA Fitness Center staff.

I realize that any time one engages in physical activity there are inherent dangers. I therefore accept any and all responsibility and assume the risk of any and all injury or damage to my person which may arise, whether directly or indirectly as a result of my participation in the fitness program, or as a result of the prescriptive advice I receive. I hereby release and hold harmless from any liability whatsoever the IDRA, as well as its affiliates, directors, officers, employee, and representatives.

**I also agree to abide by the rules and regulations as established by the IDRA with the understanding that violation of such rules may result in withdrawal of my privilege to utilize the fitness facility or engage in the prescribed fitness program.**

**I certify that I understand and agree to the contents of this waiver.**

Printed Name \_\_\_\_\_ Office Phone # \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_