

ABX FITNESS CENTER ENROLLMENT / CANCELLATION FORM

STEP 1 – Complete Form:

EMPLOYEE NAME (print): _____

EMPLOYEE DEPT.: _____ EMPLOYEE NUMBER: _____ PROX-CARD: _____

_____ I authorize ABX Air, Inc. to payroll deduct \$15.00 per month for my membership in the "ABX Fitness Center". This entitles me to access, use of equipment, and voluntary participation in related activities and programs of "The ABX Fitness Center". I understand that this deduction will continue until I notify the Company in writing to cancel the membership.

STEP 1 – Complete the form and Authorize the monthly deduction. Read and sign agreement/waiver.
STEP 2 – Contact the Fitness Center @ ext. 62539 to arrange an Orientation Date & Time!
STEP 3 – Return the completed form to **Melanie Gall, Bldg 224.**

Casual Employees:

_____ Annual dues of \$180.00 for my membership in the ABX Fitness Center are submitted with this form. this entitles me to access, use of equipment, and voluntary participation in related activities and programs of "The ABX Fitness Center". I understand that this deduction will continue until I notify the Company in proper writing to cancel this membership.

STEP 2 - CONTACT THE FITNESS CENTER (PRIOR TO BECOMING A MEMBER).

All Employees must complete an "Orientation Class" with the "Fitness Center Staff"

Prior to becoming a member of the ABX Fitness Center.

Please call ext. 62539 to arrange to attend the "Orientation Class" with the Fitness Staff.

Orientation completed by: _____ **Stamp:** _____

I warrant and represent that I am at least 16 years old and I am currently employed by ABX Air, Inc. or one of Its' subsidiaries. Fitness Center membership terminates concurrently with termination of employment, whether such termination is voluntary or involuntary. Further, I agree to use the equipment and supplies in a responsible manner and to treat the same with due care and consideration for other users. Failure to do so by me will result in immediate revocation of my Fitness membership.

I hereby release ABX Air Inc. from all liability or injury subsequent to my use of the Fitness Center. I acknowledge And agree that ABX Air Inc. is not responsible for any injury, illness, or losses resulting form my use or misuse of Any equipment or activities related to the ABX Fitness Center.

Member Signature: _____ **Date:** _____

STEP 3 - SEND COMPLETED FORM TO MELANIE GALL, BLDG 224

Please allow five business days from the date form is mailed for your membership to be processed.

ALL EMPLOYEES: TO CANCEL MEMBERSHIP:

_____ Please cancel my ABX Fitness Center membership effective this date. I fully understand that I will not be eligible to re-enroll for three (3) months.

Member Signature _____

Date: _____