

**City of Gaithersburg**  
*Department of Parks, Recreation and Culture*  
**Fitness Zone Admission and Membership Fees**  
*Effective July 1, 2023*



**Resident rates** apply to persons who reside within the corporate limits of Gaithersburg and pay City taxes.

**Who should buy a membership pass?** The daily admission fee is the primary method of entry for individuals who come to the Fitness Zone on a limited basis. Daily admission fees are not required if a membership is purchased. Patrons who intend to use the Fitness Zone regularly should consider purchasing an individual, 2-person\* or family membership to save money.

**The Recreation Super Pass** provides a great membership opportunity to several City facilities at one low rate for individuals or families. The annual pass includes admission to: Aquatic Center, Fitness Zone, Miniature Golf, Open Gyms and Water Park.

|                              | Fitness Zone Annual |              | Daily Admission<br>(no membership required) |              | 25 Admission Pass |              | Recreation Super Pass Annual |              |
|------------------------------|---------------------|--------------|---|--------------|-------------------|--------------|------------------------------|--------------|
|                              | Resident            | Non Resident | Resident                                    | Non Resident | Resident          | Non Resident | Resident                     | Non Resident |
| Adult                        | \$150               | \$215        | \$5   | \$6          | \$100             | \$130        | \$305                        | \$500        |
| Senior (55+)                 | \$120               | \$180        | \$4   | \$5          | \$ 75             | \$110        |                              |              |
| Youth (under 18)             | \$120               | \$180        | \$4   | \$5          | \$ 75             | \$110        |                              |              |
| 2-Person*                    | \$245               | \$355        |   |              |                   |              | \$455                        | \$685        |
| Family**                     | \$290               | \$420        |   |              |                   |              | \$540                        | \$805        |
| 3-Month<br>(Individual only) | \$55                | \$85         |   |              |                   |              |                              |              |

**Notes Concerning Membership Passes**

- Annual passes are valid for one year from date of purchase
- Passes are non-transferable and non-refundable
- Membership cards with photo I.D. will be issued to each family member. Lost cards will be issued for a replacement fee of \$5.00
- Passes are permitted to be upgraded for difference in price (i.e.—upgrading Fitness Zone to Recreation Super Pass)
- Each member must present his/her pass at the front desk with each entry to the facility.
- \*The 2-Person Membership plan is for 2 people who reside at the same residence
- \*\*The Family Membership plan is for two adults, or one parent & one adult guardian (max. - 2 adults), and up to six single, legal dependent children (under the age of 22) residing at the same residence.

# Membership Pass Registration Information \*On chart below, complete for each person who is to receive pass

### Primary Member Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  M  F  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_  City Resident  Nonresident  
 Email \_\_\_\_\_

What is your race/ethnicity? (Optional) You may select more than one.

- American Indian/Alaskan Native       Black or African American       Asian       Other  
 Hispanic or Latino or Spanish Origin of Any Race       Two or More Races       White

**Plan:**  Fitness Zone     Rec Super Pass

**Term:**  25 Admission

3-Month     Annual

**Type:**  Youth     Senior     Adult

2-Person     Family

| Last Name | First Name | MI | DOB | Age | Sex | Relationship | Race/Ethnicity |
|-----------|------------|----|-----|-----|-----|--------------|----------------|
|           |            |    |     |     |     |              |                |
|           |            |    |     |     |     |              |                |
|           |            |    |     |     |     |              |                |
|           |            |    |     |     |     |              |                |
|           |            |    |     |     |     |              |                |
|           |            |    |     |     |     |              |                |

I hereby grant permission for myself and other family members on the membership to use the Activity Center, Fitness Center, Benjamin Gaither Center, Benjamin Gaither Fitness Center, Miniature Golf Course, Aquatic Center, and/or Water Park. I understand that in using any of these facilities, I/we do so at our own risk. I/we recognize that any physical exercise may involve or cause possible injury. I/we knowingly and voluntarily assume all risks of use or misuse of any City facilities or equipment. I/we also understand that facilities may not be continually monitored or supervised by City staff and that I/we are to use the City facilities and equipment in a safe, reasonable manner consistent with any applicable rules which may be established by the City. I/we further certify that I/we are not aware of any medical condition which could prevent or interfere with my/our use of these facilities. I/we hereby agree to waive, release, indemnify, defend and hold harmless the City of Gaithersburg, its employees and agents, from any and all claims of every kind of personal injury or illness or property loss or damage, present or future, whether the same be known, anticipated or unanticipated, caused by, arising out of, related to or associated with my use of the City facilities or equipment.

I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received. I also consent to the City's use of any photographs, video and/or audio tapes made of the program.

I/we understand the City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable law, and that I/we are responsible for making a request for reasonable accommodation in advance, at least two weeks prior to the start of the program, to allow the request to be considered and any reasonable accommodations to be put in place. It is understood that entry to the program may be delayed (or denied if late entry cannot be permitted) if a request which does not allow the City sufficient time to consider and/or make preparations for the requested reasonable accommodation. (Revised 5-26-20)

\_\_\_\_\_  
**Print Participant Name or Parent/Guardian Name**

\_\_\_\_\_  
**Signature of Participant or Parent/Guardian**

### PAYMENT INFORMATION

Amount Paid \$ \_\_\_\_\_ Cash       Check # \_\_\_\_\_      Print Name (Name on Card) \_\_\_\_\_  
 Visa/MC/DISC/AMEX# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_      Signature \_\_\_\_\_

### OFFICE USE ONLY

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
 W P M F    Resident: Y N  
 Pr: \_\_\_\_\_ Date: \_\_\_\_\_