

**Saint Louis University
Participation Agreement for
Vitality's Partner Health Club Program**

I understand that with this Participation Agreement, I am purchasing a 12 month membership to the Simon Recreation Center, for which I will make payments, independent of and in advance of potential subsidies, using payroll deduction as my method of payment.

I understand there are no refunds or early cancellations of my annual membership. After the 11th month of my annual membership, I will be contacted via email and will be given the opportunity to cancel my membership once the 12th and final month of my contract has ended. Should I choose not to cancel my membership, a new annual membership cycle will begin at the end of the 12 month period, payroll deduction and participation in Vitality's Partnered Health Club Program will continue automatically.

I understand that in no way am I entitled to subsidies without meeting the fitness requirements of Vitality's Partner Health Club Program. Program administration and benefit determination is at the sole discretion of the University Benefits Office and the Department of Campus Recreation.

Print Name: _____

Signature: _____

Banner Identification Number: _____

Vitality Identification Number: _____

Date: _____