

We'll pay for your gym membership

A healthy body and mind are supported by regular exercise. That's why, as part of your Aetna International well-being benefits, if you sign-up for the Government of Guam Gym Program we'll pay for your membership!

All you need to do is sign-up at one of the following local gyms and complete the Aetna Gym Form below:

- CrossFit Hita
- CrossFit Latte Stone
- Custom Fitness
- Hilton Wellness Center
- International Sports Center
- Paradise Fitness Center (Dededo & Hagatna)
- The Gym Guahan
- Urban Fitness & Dance Studios

Aetna gym form



1 Complete this form with your contact and gym membership information

2 Mail or email (GovGuamServices@aetna.com) this form *and* a copy of your gym registration directly to Aetna's Guam office at:

Aetna International
424 West O'Brien Dr. Ste 113,
Hagatna, Guam 96910 (1st floor, Julale Center)

FIRST NAME

LAST NAME

AETNA MEMBER ID NUMBER

PHONE NUMBER

EMAIL

GYM NAME

DATE OF GYM SIGN-UP

GYM MEMBERSHIP NUMBER

GOVERNMENT OF GUAM AGENCY

MEMBER SIGNATURE

DATE

Aetna™ is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plans and programs are underwritten and administered by Aetna Life Insurance Company.

AetnaInternational.com

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 Email: crossfitlattestone@gmail.com
 Website: www.crossfitlattestone.com



**AETNA INTERNATIONAL
 GOVGUAM MEMBERSHIP
 EXPIRES: 09/30/2021**

AETNA INSURANCE #: _____

SUBSCRIBER DEPENDENT Weight BMI% Body Fat %

MEMBER'S INFORMATION *(Please Print clearly)*

NAME: _____ MALE FEMALE
(Last) (First) (M.I.)

BIRTHDATE: (Month) _____ (Day) _____ (Year) _____ **AGE:** _____

GOVGUAM AGENCY: _____ **SSN:** _____
(Last 4 digits)

MAILING ADDRESS: _____

PHONE #: (Home) _____ (Work) _____ (Ext) _____
 (Mobile) _____ **E-mail:** _____

IN CASE OF EMERGENCY, CALL: (Name) _____ (Relation) _____
PHONE #: _____ (Other #) _____

“LIABILITY AND AGREEMENT”

In consideration for use of the facilities and exercise equipment at the **CrossFit Latte Stone** (“Center”), the undersigned, referred to as the “Member”, does hereby release, waive, discharge and covenant not to sue the Center, its owners, employees, agents, or any personal trainers authorized by the Center to provide services to me as a Member. I understand that there are certain risks associated with using the exercise equipment or participating in exercise class. All exercises, including the use of weights and other machinery, equipment or apparatus, designed for exercising involve some risk. I understand that there are certain risks associated with using these items, and I assume all risk associated therewith, including the selection of exercise programs, methods, and types of equipments, and also selection of personal trainer. The Center shall not be liable to me for any claims, demands, injuries, damages, or actions arising due to injuries to my person or property arising out of or in connection with the use by me of the service, facilities and premises of the Center. **I certify I have consulted with my professional healthcare provider and Doctor, prior to performing exercises at this facility and have been cleared to fully participate at my own risk.** I do hereby indemnify, save and hold harmless the Center, its owners, offices, employees, agents and personal trainers authorized to train therein from any and all liability actions, causes of action, debts, claims and demand of every kind and nature whatsoever which maybe brought against them by me or on my behalf for any such injuries or claims, whether they same be known, anticipated or unanticipated.

MEMBERSHIP AGREEMENT WILL BE TERMINATED SHOULD ABOVE MEMBER NOT BE REGISTERED IN GOVERNMENT OF GUAM FOR FY 2019-2021. * _____ (initial)**

Member's Signature: _____ **Date:** _____

COMMENTS: _____