



Section 1 – Business Partnership Program Description

The Business Partnership Program: The Business Partnership Program allows local businesses to work in collaboration with the Town of Mansfield in promoting healthy, fit and active lifestyles for their employees.

Eligibility: All local businesses that employ two or more employees are eligible for the Business Partnership Program. Eligible employees must be currently employed by the employer. Membership discounts are valid on annual memberships only.

The Mansfield Community Center: Membership includes: use of general admission facilities • gymnasium • lap pool • therapy pool • fitness center • indoor walking/jogging track • teen center • drop-in sports • discounted fees for fitness and aquatic programs • discounted rates for child care services and facility rentals • limited supply of guest passes • member rewards program • occasional free health workshops and special events • access to sitting room with internet access • complimentary tea and coffee every morning • free family fun events.

Section 2 – Business Partnership Discount Options

Benefits for Business Partners: A commitment to an employee wellness program can result in a reduction in health care costs, decrease in short term sick leave, drop in workers’ compensation and disability costs, and enhanced recruitment and retention for employees. As an additional benefit, Business Partners will receive one free individual membership for every 10 employees who are successfully encouraged to purchase annual memberships to the Community Center.

Benefits for Employees: There are three discount levels available for Business Partners.

- **Base Business Partner discount:** After signing an agreement with the Town, all employees identified by the Business Partner will receive 10% off current annual membership rates. This discount is offered at no cost to the Business Partner.
- **Bonus Business Partner discount:** Employees receive the 10% base discount; however, the Business Partner can secure additional savings for employees by making an annual contribution, the amount of which is determined by the size of the employee base. The employees of a Bonus Business Partner would then be eligible to pay resident rates for their annual membership, regardless of what town they reside in. The amounts for annual contributions are as follows:
 - Full-time employee base of 100 or more: \$1000 annual contribution
 - Full-time employee base of 75-99: \$750 annual contribution
 - Full-time employee base of 50-74: \$500 annual contribution
 - Full-time employee base of 25-49: \$250 annual contribution
 - Full-time employee base of 2-24: \$100 annual contribution
- **Additional Business Partner discount:** Employees receive the 10% base discount, but Business Partners can opt to pay for 25%, 50% or 100% of their employees’ annual memberships for additional savings. Business Partners who choose this option will secure an additional savings on their employees’ annual membership fees, and both the Business Partner and employee will benefit from this discount. Additional discounts are as listed below:
 - 25% employer cost-share: additional 5% discount, total discount of 15%
 - 50% employer cost-share: additional 10% discount, total discount of 20%
 - 100% employer cost share: additional 15% discount, total discount of 25%
 - Business Partners can also choose this option to complement the Bonus discount for even more savings.

Section 3 – Business Partnership Program Registration

Referred by: website direct mailing seasonal brochure other: _____

Business Partnership discount: (discounts may be combined for more savings) Base Bonus Additional
Cost-share amount: (if choosing Additional discount) 25% 50% 100%

Company Name (please print) _____

Primary Contact _____ **Title/Position** _____

Address _____ **Town** _____ **(Zip)** _____

Email _____ **Phone** _____

Number of Employees (must be currently employed full-time and receive benefits through employer) _____
(Please attach list of names/addresses of current eligible employees)

Total Amount Due (if choosing Bonus discount) \$ _____ **Payment:** Cash Check Credit Card
Make checks payable to “Town of Mansfield/MCC”.

Credit Card number _____ MC Visa Discover AmEx

Name on Card: _____ **Exp** ____ / ____ / ____

Section 4 – Business Partnership Program Terms

Promotion: The Business Partner understands that the Town of Mansfield and the Community Center shall be allowed to promote and offer memberships to its employees as arranged through Business Partner.

Discounts: The Business Partnership Agreement must be renewed annually. For the duration of the Business Partner’s formal agreement with the Town, all eligible employees shall receive discounts on annual memberships to the Mansfield Community Center.

Eligible Employees: The Business Partner understands that eligible employees must be currently employed and be identified as an eligible employee by the Business Partner. The Business Partner agrees to submit with this application a list of current employees complete with names OR require the employee to present a current work ID, so that the Community Center may verify status as an employee of the Business Partner when a membership application is received OR send eligible employees with documentation that they are an employee and should receive the discount.

Terms: The Business Partnership Agreement must be renewed annually. Within the duration of the agreement year, the Business Partnership Agreement shall remain in effect until cancelled in writing, by either the Town or the Business Partner. The Business Partner shall give at least 60 days notice if canceling this agreement.

Cancellation: Employees of the Business Partner will no longer receive discounts if the agreement is cancelled. In addition, free memberships earned by the Business Partner shall expire on the cancellation date of the agreement.

Complimentary Earned Memberships: The Business Partner will receive one complimentary individual membership for every 10 employees that are successfully encouraged to purchase annual memberships to the Mansfield Community Center. Complimentary memberships will expire one year from the date of issue.

Complete Agreement: The Business Partner understands that this Business Partnership Program agreement represents the complete understanding between the Mansfield Community Center and the Business Partner. It is further understood that no representations, written or oral, other than those contained this Membership Agreement are authorized or binding upon the Center.

Liability for Persons or Property: All employees who choose to become members of the Mansfield Community Center must complete and sign a member agreement form. Forms are available at the Community Center and will also be provided to the Business Partner.

Membership Guide: The Mansfield Community Center Membership Guide describes the benefits of membership, and details important policies, procedures and other items related to the Center.

Proof of Residency: Proof of residency is required for all new and returning members 18 years of age or older.

Suspension and Termination: The Business Partner understands that the Mansfield Community Center may suspend or terminate this agreement without any liability for failure to adhere to the terms of this agreement or for violation of the Center’s policies and procedures.

Acceptance of Terms: The Business Partner and its representatives understand that it is entitled to maintain a high level of personal and business integrity and will be held fully responsible for any harm that comes to the Town through my misuse of the public trust of its diminishment of the relationship through personal or business actions. The Business Partner agrees that as a Business Partner, it may not assign to a third party any obligations under this Agreement, or its rights as specified in this Agreement. I certify that I am a representative of the Business Partner, and on behalf of the Business Partner, I certify that have received, read, understand and agree to all of the terms of this Membership Agreement.

Agreement Valid 1 Year from Signing: Begin ____/____/____ End: ____/____/____

Business Partner
Representative’s Signature Date _____
Mansfield Community Center
Authorized signature Date

Business Partner
Representative’s Signature Date _____
Mansfield Community Center
Authorized signature Date

RETURN THIS AGREEMENT: Mail or bring one copy of this agreement to:
Mansfield Community Center, Business Partnership Registration
10 South Eagleville Road, Mansfield, CT 06268

- Please make sure that you include:**
- Current list of eligible employees
 - Check or payment information if choosing the Bonus discount option