



Devon Wellness Center Retiree Member Terms of Usage

A "retiree" must fall under the following criteria:

- They are retired from full time work and worked a minimum of 10 years at Devon
- They do not do any work for a competitor

Signature:

Today's Date:_____

• They are officially retired from Devon (a pension or lump sum must have been collected)

If you have any questions regarding membership eligibility, please contact Kip Koso, Senior Wellness Manager at kip.koso@dvn.com or 405-552-7829.

In order to sign-up for a membership, please complete the area below, sign the attached Release of Liability and submit a check in the designated amount (checks can be made out to "Devon Energy") to the front desk of the Well on the 3rd floor of the Devon Energy parking garage. Name (first and last): _____ Membership start date: _____ Paid amount: ____\$90- \$15/month single membership ____\$120- \$20/month family membership \$60- (\$10/month) Devon couple (one spouse still working for Devon) membership Name of your Devon spouse: _____ Memberships are to be paid in 6 month increments with no reimbursement or freezes allowed All retiree memberships will be charged for the full month regardless of the day they enrolled or canceled It is in your best interest to ENROLL at the beginning of the month and to CANCEL at the end of the month because you are going to be charged for that month regardless Membership is revocable at management's discretion Retiree members will be limited to facility usage between the hours of open to 11am and 2pm to close By signing this form, I will abide by the above restrictions and definition. I also verify that I have read and am in agreement with all the above information.