



## Membership Application

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any family members that are currently enrolled? \_\_\_\_\_

If yes, please give their name and relationship \_\_\_\_\_

How did you hear about The Center for Health + Wellness?

\_\_\_\_ Newspaper

\_\_\_\_ Radio

\_\_\_\_ Television

\_\_\_\_ Friend

\_\_\_\_ Member Referral

\_\_\_\_ Other

If member referral, please give name of member \_\_\_\_\_

### Member Agreement

I hereby make application for membership in the Center for Health + Wellness. I acknowledge having received a copy of the Member Guidelines and, if accepted as a member I agree to abide by same. I have read and signed an agreement and a release of liability. Furthermore, I agree to pay all prevailing monthly dues so long as I retain a membership card. I understand my membership is non-transferable and dues are subject to change. I also understand that my membership may not be terminated within the first three months of joining the center. Termination of this contract must be received in writing to The Center for Health + Wellness by the 10th of the month in order to be effective for the next month. Special restrictions apply to corporate members to whom a health assessment fee has been waived.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

Membership Number \_\_\_\_\_



## Physical Activity Readiness Questionnaire (PAR-Q)

Please read and answer the following questions before starting any physical activity with The Center for Health + Wellness. If you are between the ages of 16 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not accustomed to physical activity, check with your doctor before starting any physical activity.

- | YES   | NO    |  |
|-------|-------|--|
| _____ | _____ | Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor? |
| _____ | _____ | Do you feel pain in your chest when you do physical activity?  |
| _____ | _____ | In the past month, have you had chest pain when you were not doing physical activity?  |
| _____ | _____ | Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| _____ | _____ | Do you have a bone and joint problem that could be made worse by physical activity?  |
| _____ | _____ | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                |
| _____ | _____ | Do you know of any other reason why you should not do physical activity?   |

### **If you answered YES to one or more questions...**

Talk to your doctor by phone or in person BEFORE you increase your physical activity level or BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want, as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk to your doctor about which kinds of activities you wish to participate in and follow his/her advice.
- Find out which activities are safe and helpful for you.

### **If you answered NO to all questions...**

If you answered NO honestly to ALL PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment. This is an excellent way to determine your basic fitness level, so you can plan the best way for you to live actively.

I have read, understood and completed this questionnaire. Any questions I have were answered to my full satisfaction.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

## The Center for Health and Wellness Release of Liability

In consideration of being allowed to participate in the physical fitness activities offered by *The Center for Health and Wellness* at Sampson Regional Medical Center (SRMC) and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge SRMC and its officers, agents, employees, representatives and all others from any and all responsibilities or liability for injuries or damages resulting from my participating in any fitness activities or my use of equipment or machinery or arising out of my participation in any activities.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any SRMC fitness activities or use of fitness equipment except a hereinafter stated **in writing**. My conclusion that I am physically sound and suffering from no condition, impairment, disease, infirmity, or other illness is in no way a result of any examination, test or recommendation given me by any employee or agent of SRMC. I do hereby acknowledge that I have been informed by the undersigned witness that it is advisable for me to obtain a physician's approval prior to my participation in an exercise/fitness activity or the use of exercise equipment and machinery. I also acknowledge that it has been recommended by the witness hereto that I have a yearly or more frequent physical examination consultation with my physician as to the type of and intensity of physical activity and training equipment which I might decide to participate in or utilize. I acknowledge that I have either had a physical examination within the past \_\_\_\_ days and have been given any physician's permission to participate in physical activities and/or utilize fitness equipment, or that I have decided to participate in physical activities and/or utilize fitness equipment without the prior approval of my physician and do hereby assume all responsibility for my participation in physical activities and utilization of fitness equipment.

**I understand that during physical activity I will not be monitored by a nurse, physician or other health care provider and that I knowingly and voluntarily assume any and all risks of participation in the fitness activity.**

### Informed Consent for Participation in Fitness Activities

**Purpose and explanation of procedure:** I hereby request to participate in the fitness activities available at *The Center for Health and Wellness* at Sampson Regional Medical Center (SRMC). The amount and kind of physical activity will be determined by me and not by any employee or agent of SRMC. I understand that SRMC is making the facilities, fitness activities and equipment available to me. But *The Center for Health and Wellness* at SRMC is neither directing nor monitoring the fitness activities in which I might choose to engage.

**Risks:** I understand and have been informed that there are risks in exercise, including, but not limited to, abnormal blood pressure, fainting, disorders of heart rhythm, heart attack or even death. But knowing of these risks, I desire to participate in the fitness activities of my choice.

I understand that while I exercise, use fitness equipment and machinery and otherwise participate in physical fitness activities my performance will **not** be monitored by any employee or agent of SRMC or by any nurse, physician or other medical practitioner. The type, duration, and intensity of physical fitness activity I engage in will be made by me and me alone.

**Confidentiality and use of information:** I have been informed that the information obtained from me in the course of participation in fitness activities will be treated as privileged and confidential and will not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same do not identify me or provide facts that could lead to my identification.

**Inquiries and freedom of consent:** I have been given an opportunity to ask certain questions as to the procedures of the physical fitness programs available and which I choose to participate in.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Witness: \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Witness: \_\_\_\_\_