

Member #

FOR OFFICE USE ONLY:

RECEIVED BY: _____ ON THIS DATE: _____

Membership Type:		
	Done	Date Done/Received
Enrollment Fee Paid		
Covenant Employee ID		
Payroll Deduct Report		
Parking Pass		
Photo		
Badge		
Doctor's Consent		
Entry Eval Scheduled		
Scanned Into Compete		

HAVE YOU EVER BEEN A PREVIOUS MEMBER OF THE LIFESTYLE CENTRE?

(Please circle your response) Yes / No

PLEASE PRINT

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____ / _____

GENDER: _____ BIRTHDATE: (MM/DD/YYYY) _____

OCCUPATION: _____ COMPANY: _____

E-MAIL: _____ MOBILE PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY CONTACT NUMBER: _____

PERSONAL PHYSICIAN: _____

DRUG ALLERGIES

CARDIAC HISTORY

OTHER HISTORY

Please list any significant medical problems that you consider important for us to know: (i.e. Surgeries, etc.)

DIABETIC? (PLEASE CIRCLE) YES NO

MEDICATIONS

(DOSAGE AND HOW MANY TIMES TAKEN DAILY) You may provide a copy of your medication list if it's too long to fit below:

ENROLLMENT TERMS FOR MEMBERSHIP AT LIFESTYLE CENTRE:

Please answer the questions below to determine if you would need to have an Entry Evaluation.

1. Are you only interested in the pool?	YES	If yes, you wouldn't need an Entry Evaluation.
	NO	If no, continue to question 2.
2. Do you have experience working out?	YES	If yes, continue to question 4.
	NO	If no, continue to question 3.
3. Do you feel comfortable using exercise equipment?	YES	If yes, continue to question 4.
	NO	If no, you would probably need an Entry Evaluation.
4. Would you feel more comfortable if a fitness specialist showed you how to use the exercise equipment?	YES	If yes, you would need to schedule your Entry Evaluation.
	NO	If no, you would not need to schedule your Entry Evaluation, unless you have "risk factors" which would be determined below.

Please check all that apply for your safety:

Y	N	
		1. I am new to exercise and have been diagnosed with one or more of the following diseases- cardiovascular, metabolic (diabetes I or II) or renal disease (kidney).
		2. I currently have or recently have had symptoms of cardiovascular, metabolic or renal disease, such as (Please check any or all that apply)
		<input type="checkbox"/> Chest, jaw or neck pain
		<input type="checkbox"/> Shortness of breath with mild exertion
		<input type="checkbox"/> Shortness of breath or difficulty breathing while laying down or at night
		<input type="checkbox"/> Dizziness or passing out
		<input type="checkbox"/> Ankle Swelling
		<input type="checkbox"/> Heart bypass surgery or stent placement
		<input type="checkbox"/> Fast or irregular heartbeat
		<input type="checkbox"/> A heart murmur
		<input type="checkbox"/> Unusual fatigue with usual activities
		<input type="checkbox"/> Diabetic symptoms-feeling very thirsty, blurry vision, urinating often, weight loss-even though you are eating more-extreme fatigue, tingling pain, or numbness in hands or feet
		<input type="checkbox"/> Renal symptoms: Tired and less energy, poor appetite, trouble sleeping, muscle cramps at night, dry itchy skin, urinate more often (especially at night)

I have answered truthfully and honestly. _____ (Please Initial)

If you said **YES** to either of the above statements, medical clearance will be required prior to starting exercise.

TERMINATION

To terminate a membership, the member is required to:

1. Give a 30-day notice by submitting a termination form to the LifeStyle Centre
2. Have an account balance of \$0.00
3. Return membership badge.

PLEASE READ CAREFULLY BELOW
The "Membership Resignation" form, <i>available at the front desk</i> , must be received by the business office. Terminations will NOT be accepted over the phone.
<ul style="list-style-type: none"> • A termination form must be filled out for each individual membership. (If there are two people on membership and <u>both</u> individuals wish to resign, <u>two forms would need to be submitted.</u>) • LifeStyle Centre monthly dues are due upon receipt of monthly statement and will be discontinued once unpaid balance reaches \$250. To reinstate the balance must be zero. • Reinstatement will require new enrollment for membership, payment of the entry fee currently in effect, and payment of all past due charges. Reinstatements within a year will be charged \$25 for each individual. • All payments are non-refundable and non-transferable regardless of facility usage. <u>THE LIFESTYLE CENTRE IS NOT RESPONSIBLE TO REFUND ANY CHARGES IF A MEMBER DOES NOT MAKE A VISIT THROUGHOUT THE ENTIRE MONTH.</u>

This application is subject to approval, at the sole discretion of The LifeStyle Centre. The Centre does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, age or other protected class.

Please initial to agree to the following terms.

I, _____ attest that the information contained in this application is complete and accurate.

I further agree to the following:

Membership is a privilege and not a right. My application is subject to approval, in the sole discretion of LifeStyle Centre and that membership, among other things, may be based on: complete and accurate information, membership terms, and Rules of Centre. I understand and agree to all the terms of The Lifestyle Centre's termination policy. I must at all times comply with the Rules of the Centre which may change from time to time. My failure to abide by the Rules shall be cause for suspension or termination of membership. In the event of suspension or termination of membership with cause, dues will be forfeited.

_____ The initial Member Orientation will be a \$20.00 one-time fee.

_____ The fees for membership at the LifeStyle Centre include monthly installments of _____.

I hereby authorize the LifeStyle Centre to charge the agreed amount listed above to the credit card I provide. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement; *please check the following options to confirm your preferences.*

- Once a month for the monthly dues.
- At the front desk for purchases.
- I decline to have any dues or fees pulled and will not provide my card information.

Signing above provides Covenant LifeStyle Centre to acquire funds for payment.

I AGREE AND ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY THE LIFESTYLE CENTRE. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH A COPY OF ALL THE RULES AND REGULATIONS OF THE LIFESTYLE CENTRE AND THAT ALL THE INFORMATION PROVIDED BY ME IS ACCURATE. I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.

CONSENT, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I UNDERSTAND AND AGREE THAT THE EXERCISE OPPORTUNITIES OFFERED THROUGH THE FACILITIES OF THE LIFESTYLE CENTRE (THE CENTRE) ALLOWS A PERSON TO ENGAGE IN VARIOUS EXERCISE AND/OR PHYSICAL ACTIVITIES POTENTIALLY BENEFICIAL TO ONE'S HEALTH AND WELL BEING.

HOWEVER, I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL AND MENTAL CONDITIONS, ILLNESS AND/OR INJURIES ASSOCIATED WITH: (a) engaging in any exercise or physical activity (b) the use of equipment at the CENTRE, and/or (c) the use of the CENTRE'S facilities. I RECOGNIZE AND UNDERSTAND SUCH RISKS INCLUDE ANY AND ALL TYPES OF PHYSICAL INJURIES, PHYSICAL AND MENTAL CONDITIONS AND/OR ILLNESS INCLUDING, BUT NOT LIMITED TO, SPRAINS, STRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ABNORMAL BLOOD PRESSURE, HEARTBEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKES, HEART ATTACK OR EVEN DEATH.

I FURTHER RECOGNIZE AND UNDERSTAND THAT ANY AND ALL SUCH RISKS ARE COMPOUNDED, IN THAT MANY OF THE EXERCISE AND/OR PHYSICAL ACTIVITY OPPORTUNITIES OF THE CENTRE ARE UNSUPERVISED INCLUDING, BUT NOT LIMITED TO, USE OF ITS RUNNING TRACK, USE OF ITS GYM, USE OF ITS POOLS, AND/OR ALL TYPES OF EXERCISE EQUIPMENT, AND/OR USE OF ITS LOCKER ROOMS, DRESSING ROOMS, SHOWERS AND SAUNA. I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISE AND PHYSICAL ACTIVITY OPPORTUNITIES, SUPERVISED OR UNSUPERVISED, AT THE CENTRE, TO VOLUNTARILY USE THE CENTRE'S EXERCISE EQUIPMENT, AND TO VOLUNTARILY USE THE CENTRE'S FACILITIES AT MY OWN RISK AND WITH FULL KNOWLEDGE AND APPRECIATION OF ANY AND ALL DANGERS AND RISKS INHERENT THEREIN.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE OR LOSSES SUFFERED BY ME.

I HEREBY RELEASE, WAIVE, AND FOREVER, DISCHARGE AND/OR PROMISE NOT TO SUE THE CENTRE, COVENANT MEDICAL CENTER, COVENANT HEALTH SYSTEM, AND/OR ANY OF ITS AFFILIATES AND SUCCESSORS, DIRECTORS, OFFICERS, AGENTS, SERVANTS, AND/OR THEIR EMPLOYEES FOR ANY AND ALL LOSS, LIABILITY, DAMAGE OR COST AND/OR ANY CLAIM OR DEMANDS OF ANY TYPE, KNOWN OR UNKNOWN, ON ACCOUNT OR OF IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CENTRE, COVENANT MEDICAL CENTER, COVENANT HEALTH SYSTEM, AND/OR ANY OF ITS AFFILIATES AND SUCCESSORS, DIRECTORS, OFFICERS, AGENTS, SERVANTS, AND/OR THEIR EMPLOYEES FOR ANY AND ALL LOSS, LIABILITY, DAMAGE OR COST OF ANY TYPE WHICH MAY INCUR AS A RESULT OF OR RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH, AND/OR AS A RESULT OF ENGAGING IN ANY EXERCISE AND ACTIVITY OPPORTUNITIES AT THE CENTRE, AND ANY USE OF THE CENTRE'S EQUIPMENT AND/OR ANY USE OF THE CENTRE'S FACILITIES.

I FURTHER HEREBY ACKNOWLEDGE THE EXISTENCE OF THE NEED FOR, AND MY UNDERSTANDING OF, CERTAIN RULES AND REGULATIONS CONCERNING THE USE OF THE CENTRE'S EQUIPMENT, FACILITIES, AND OTHER PROCEDURES RELATED TO ACTIVITIES AT THE CENTRE. I, THEREFORE, AGREE TO ABIDE BY ANY AND ALL SUCH RULES ADOPTED BY THE CENTRE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE PRECEDING PRIOR TO SIGNING, AND UNDERSTAND THAT I AM EXECUTING A CONSENT, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

Member Signature

Date

Lifestyle Centre Representative

Date