



# NEW MEMBER PACKET

**AGREEMENT. HEALTH HISTORY. LIABILITY RELEASE**

GENERAL INFORMATION		
Name:		
Date of Birth:	Age:	Phone:
Address:		Email:
City:	State:	Zip:
Insurance Carrier:		
Do you have a Fitness Benefit through insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Details (if known):		
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Home Phone:	Cell Phone:	
Physician's Name/Clinic:	Clinic Phone:	
<b>OFFICE USE</b>		
MINDBODY Key Card #:	Club GA FOB ID#:	

<p><b>Membership Type:</b></p> <p><input type="checkbox"/> Cardio/Strength &amp; Gym &amp; Classes \$45.00/month</p> <p><input type="checkbox"/> Unlimited Pool \$35.00/month</p> <p><input type="checkbox"/> Everything \$75.00/month</p> <p><input type="checkbox"/> RVL Tenant</p> <p><input type="checkbox"/> 5 Visit Punch Card \$30.00</p> <p><input type="checkbox"/> 10 Visit Punch Card \$60.00</p> <p><b>Fees:</b></p> <p><input type="checkbox"/> \$10.00 FOB fee (Required)</p>	<p><b>Insurance Benefit Detail:</b></p> <p><input type="checkbox"/> SilverSneakers® ID: _____</p> <p><input type="checkbox"/> Renew Active ID: _____</p> <p><input type="checkbox"/> One Pass for Medicare: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Payment Type:</b></p> <p><input type="checkbox"/> Recurring Credit Card</p> <p><input type="checkbox"/> ACH (Automatic Withdrawal from account)</p> </div>
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### Club GA's Membership Information

- Guardian Angels' Wellness Center Members must be at least **50 years of age**.
- Cardio/Strength and Gym Membership includes unlimited use of HUR strength equipment, cardiovascular equipment, exercise accessories, land-based group fitness classes and other programs within the Gym.
- Pool Membership requires successful completion of a Pool Assessment with wellness staff.

### Membership Fees Payment & Cancellation

- FOB Fees: Club GA is located within a securely locked building, therefore, all Club GA members residing outside of Riverview Landing are required to purchase a FOB to enter Club GA for \$10.00 each. If FOB is lost, notify staff immediately to deactivate the lost FOB. A \$10.00 fee will be charged for a replacement FOB.
- Guardian Angels' Wellness Center Membership fees automatically withdrawn each month after your initial start date until membership is terminated. ACH and recurring credit card payments are the only accepted forms of payment.
- Obligation to pay membership dues is not dependent upon usage of the Guardian Angels' Wellness Center, participation in Wellness Programs, or availability of or access to the Wellness Center.
- Your membership has no term obligation. If you choose to suspend or cancel your membership, simply submit a written and signed document or cancellation form a minimum 14 days prior to the termination date. If a written, signed document is not received within the 14 days, the following month will be charged the normal membership fee and membership will remain active until the following month.
- Failure to pay monthly dues will result in termination of membership.
- **If you have membership options through an insurance benefit, you must confirm benefit eligibility and provide Fitness ID# prior to start of membership.** If visit claims are denied, member will be responsible for paying the monthly membership fees as indicated on page 1. It is the member's responsibility to confirm fitness benefit.
- **All members must scan key card at Member Services desk each visit.**
- Insurance Reimbursement (If applicable)- Please make sure to scan your key card each time you participate in any Wellness Center activity or program in order to receive proper credit for your incentive program.
- Club GA is not responsible for missed incentive credits or if there was a change in insurance fitness benefit without notifying staff.

### Club GA's General Policies & Procedures

**Policy statement:** *It is the policy of Club GA to provide use of the Wellness Center to Riverview Landing tenants and the greater Otsego area community seniors.*

**Procedure:** Requirements for use of the Wellness Center, including use of exercise equipment and participation in wellness programs.

- All participants must have current Club GA membership or be a paying guest.
- All members must have completed Health History Form, Exercise Waiver and Release of Liability form on file.
- It is the expectation that participants who use the Wellness Center will do so independently.
- Each individual utilizing Wellness Center must participate in an orientation and tour by a member of Club GA staff. The orientation will familiarize the participant with the equipment and emergency procedures.
- Club GA reserves the right to limit, restrict, or deny access to individuals in the Wellness Center.
- Please remember to leave HUR Smartcards on the computer desk before exiting the Wellness Center. Failure to do so will result in a \$20 (+ tax) replacement fee.

**Hours of Operation:** Club GA open hours are posted in the Wellness Center and online, and are subject to change. Club GA will close for most Federal Holidays.



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### Code of Conduct

- Proper Attire:
  - Shoes, shirt and shorts/pants are to be worn at all times.
  - Athletic shoes and comfortable clothing are highly recommended.
  - For safety reasons, open-toed shoes are not allowed unless authorized by Wellness Staff.
  - Please bring separate shoes to wear while in the Wellness Center, and leave street shoes and other personal belongings in the Club GA cubbies.
  
- Common Courtesy should be practiced while using the Wellness Center
  - Profanity will not be tolerated.
  - Food & beverages are not allowed in the exercise space with the exception of a water bottle.
  - Please use cubbies and/or coat rack in for personal belongings (bags, coats, shoes, etc.).
  - Return all exercise equipment to the proper location when you are finished using it.
  - Wipe off equipment after use - spray bottles and rags are provided.
  - Time limit for cardio equipment is 20 minutes when another member is waiting.
  - Work cooperatively through the HUR strength equipment when multiple people are exercising.
  - If an exercise machine is not working properly, please notify Club GA staff immediately.
  - If a blood-related injury occurs, halt activity and notify Club GA staff immediately to administer treatment and activate biohazardous clean-up procedures.
  - Report all injuries to Club GA staff immediately.
  - Smoking, tobacco and alcohol are prohibited.

### Guest Policy

- Adult guests must be a minimum 18 years of age and must be with a current member.
- Adult guests are not allowed to access the facility without the current member.
- Members will receive 3 free guest passes per year. After a member's guest passes have been used, guests may purchase a day pass for \$7.00.
- All guests of Club GA must sign a Release of Liability form prior to using the facility.
- Guests must follow all the policies and procedures outlined in this document. Failure to follow these policies and procedures will result in termination of guest privileges.

### Guardian Angels' Employee Policy

- Employees may use the Wellness Center off the clock, before or after a work shift or over a lunch break while punched out.
- Employees must be at least 18 years of age to obtain Club GA membership.
- If an employee wishes to have *dual membership*, either employee or membership partner (living in same household) must be 50+ years of age.

### Emergency Policies & Procedures

- In the event of a medical emergency for you or another patron, please call 911 immediately and notify Club GA or other Guardian Angels' staff.
- It is the expectation that the participants who use the Wellness Center will do so independently.
- In case of severe weather, seek shelter in the nearest storm safe area, away from windows.
- In the event of a fire, or if you smell or see smoke, exit the building immediately.



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**Wellness Center & Exercise Program Waiver**

I understand that the benefits from participating in an exercise program include learning more about lifestyle education pertaining to exercise.

I understand that there are risks involved with any exercise program. These risks include, but are not limited to: cardiovascular complications, stroke and muscle strain and/or soreness. I agree to participate voluntarily knowing these risks exist. I state that I am free of any medical conditions that present exercise as a contraindication, or that I have permission from my doctor to engage in physical exercise activity.

I realize that the use of the Wellness Center is a privilege and failure to follow proper procedures and policies may result in the loss of this privilege.

I release Guardian Angels, Club GA and its associated personnel from any responsibility or liability for any injury or health consequences that may result from my participation in this program. My signature indicates that I have full knowledge of the purpose of this program, risks involved and the benefits I may expect. I agree to participate on this basis.

*I have read the above information regarding Club GA Membership and Wellness Center & Exercise Program Waiver. I fully understand and accept responsibility for the information presented in this membership application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Health History Questionnaire

Name \_\_\_\_\_

Male  Female Birthdate:    /    /    Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### History - You have had:

- heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

### Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medications.

### Other Health Concerns

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication(s). What are they? \_\_\_\_\_

### Cardiovascular Risk Factors

- You are a man older than 45 years.
- You are a woman over 55 years or have had a hysterectomy or are post-menopausal.
- You have diabetes.
- You smoke.
- Your blood pressure is > 140/90.
- You don't know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is > 240 mg/dl.
- You don't know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive (ie, you get < 30 minutes of physical activity on at least 3 days per week).
- You are > 20 pounds overweight.

Other \_\_\_\_\_

None of the above are true.



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### CURRENT ACTIVITIES

Are you currently involved in a regular exercise routine?

No  Yes Describe: \_\_\_\_\_

How active are you on most days? Please select one of the following:

- very light** – mostly sitting or standing
- light** – walking, light lifting, light packing some of the time
- moderate** – walking, light-moderate lifting/carrying, half of the time or more
- physical** – brisk walking, lifting/carrying heavy objects more than half the time

I have answered all above questions to the best of my knowledge and I agree that by withholding information I may be placing my health at risk.

Initial \_\_\_\_\_ Date \_\_\_\_\_



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**Release of Liability and Hold Harmless Agreement**

1. I desire to use the *cardio/strength room, the gym, the group exercise space, and/or the warm water therapeutic pool* (the "Facilities") located at Club G.A. – Otsego. I understand and accept that use of *the Facilities* exposes me to a number of risks and dangers. I understand that my participation in wellness activities and use of *the Facilities* involves inherent risks of accidental injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability, injuries from physical exertion, and serious injuries to other aspects of my general health and well-being.
2. Understanding the potential risks and consequences mentioned above, I hereby state that I am physically fit to use *the Facilities*.
3. I further state that I am at least 18 years of age and competent to sign this document. I have received a copy of the rules pertaining to use of *the Facilities*, and have read and agree to abide by such rules. In the event I permit a guest to use *the Facilities*, I will ensure that the guest reads and signs a copy of this Agreement prior to using *the Facilities*.
4. In consideration of the opportunity to participate in wellness activities at Club G.A., I personally assume all risks incident to the use of *the Facilities* and I waive, release and forever discharge Guardian Angels and Club G.A. and its officers, directors, agents, employees and representatives from all liabilities, losses, damages, claims, actions, causes of action, demands or costs of any nature whatsoever that may arise in connection with my use of *the Facilities*, whether caused by the negligence of Guardian Angels/Club G.A., its employees or agents or caused by some other means.
5. I further agree to indemnify and hold Guardian Angels and Club G.A., its officers, directors, agents, employees and representatives harmless from all liabilities, losses, damages, claims, actions, causes of actions, demands, or costs of any nature whatsoever that may arise in connection with my use of *the Facilities*, whether caused by the negligence of Guardian Angels/Club G.A. - Otsego, or its employees or agents, or caused by some other means.
6. Prior to signing this document, I have had an adequate opportunity to ask questions about it, and any questions I have had, have been answered to my satisfaction.
7. This Release Agreement shall be binding upon me, my heirs, and my personal representatives.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wellness Center Staff Printed Name

\_\_\_\_\_  
Signature of Wellness Center Staff

\_\_\_\_\_  
Date

**If you are a guest, please print the name of the sponsoring member:** \_\_\_\_\_