

Myrtue Medical Center

McDowell Fitness Center

Membership Agreement

Name: _____ Application Date: _____ Membership #: _____

Address: _____ City, State, Zip: _____

Phone (home): _____ (work): _____ Physician: _____ Phone: _____

Notify in case of emergency: _____ Phone: _____ / Email _____

Names of family members included in membership, if any:

Age _____

Age _____

Age _____

Age _____

Age _____

This is your agreement to become a member of the Myrtue Medical Center McDowell Fitness Center. As used in this agreement, the words "you" and "your" mean the MEMBER signing this contract, and the words "Fitness Center", "us", and "our" mean the Myrtue Medical Center McDowell Fitness Center. Upon acceptance, you will be entitled to use the Fitness Center facilities and equipment subject to this agreement. You understand that your membership is not an equity or ownership investment in the Fitness Center. PLEASE READ THIS AGREEMENT CAREFULLY. If you agree to be bound by it, please sign it.

1. **Membership Requirements:**

All applicants for membership to the Fitness Center must complete and satisfy all requirement of active membership before participation in any program may begin. To be completed: Membership Agreement, Health Risk Profile, Basic Health Screen, Safety/Equipment Orientation and payment of membership fees.

2. **Membership Types:**

Family Husband, wife, and dependent children age 12-21. Parental supervision required for children 12-13 years of age. Children under 12 are not allowed in the fitness area

Single Individual 14 years of age or older. Parental consent required for individuals under 18 years of age.

3. **Membership Term and Payment Schedule:** Annual: One calendar year beginning with date of application completion. Member is responsible for payment of total amount of yearly fee.

PAYMENT OPTIONS

Family Single

(1) Yearly payment of \$290.00 (1) Yearly payment of \$184.00

(2) Semi-annual payments of \$155.00 (2) Semi-annual payments of \$100.00

(4) Quarterly payments of \$80.00 (4) Quarterly payments of \$52.00

Payroll Deduct (\$5.57 per pay period) -SCHS Employees Payroll Deduct (\$3.53 per pay period)-SCHS employees

Seasonal: Four consecutive months beginning with date of application completion.

Family Single

(1) Payment of \$155.00 (1) Payment of \$95.00

One Month: One month beginning with date of application completion.

(1) Payment of \$27.00

Punch Card: 12 visits to the Fitness Center for card user. Expires one year from date of purchase.

(1) Payment of \$37.00

Daily Pass: 1 day pass to the Fitness Center.

(1) Payment of \$5.00

You will be billed for Annual membership fees only as per your agreement terms. All other membership types must be paid in full. An "expiration" notice will be sent to all members at the end of their membership term.

Discounts: Discounts are available to Myrtue Medical Center employees, Occupation Health Outreach employees and Senior Citizens on Annual and Seasonal memberships only.

Freeze Option: Members can "freeze" their annual or seasonal memberships if ill or out of town for 2 weeks or more during their membership term.

4. **Membership Privileges:** Current Annual Memberships will be allowed (1) Free Guest Pass per month. Fitness Center member must accompany Guest while in the facility, and both Guest and Member are required to sign a "Guest Pass Waiver and Release" form before participation may begin. Current Fitness Center membership includes aerobic classes and access to all Fitness Center facilities and equipment.
5. **Facilities and Equipment:** The Fitness Center retains the right to determine the days and hours during which the Fitness Center facilities will be available to members and the equipment and services that will be offered. You understand that the Fitness Center may change these.
6. **Refunds:** No Refunds will be given on Seasonal memberships, Punch Cards, One Month memberships or Daily Passes. Refunds will be given for Annual memberships for the following reasons only: (1) Medical – a written statement from physician for individual to stop exercise, and (2) Change of Residence – further than a 50 mile radius from the Fitness Center. Refund will not be more than one half of membership remaining rounded to the nearest quarter.
7. **Termination of Membership:** Fitness Center reserves the right to terminate membership due to non-payment of membership fees, or failure to comply with the Rules and Regulations set forth by the Fitness Center. If membership is terminated for non-payment, the remaining balance must be paid in full prior to future renewal of membership.
8. **Agreement and Release of Liability:**

I do hereby waive, release and forever discharge the Fitness Center, its officers, and employees from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or use of equipment in the above-mentioned facility. _____
(PLEASE INITIAL)

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or illness and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or illness. _____ **(PLEASE INITIAL)**

I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the activities or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in activities or use of equipment at the Fitness Center. _____ **(PLEASE INITIAL)**

I HAVE READ AND UNDERSTAND THE TERMS OF THIS MEMBERSHIP AGREEMENT.

Member Signature Parent or Guardian if member is under 18 years

_____ Our child(ren) may participate as a member of the McDowell Fitness Center.

Date

PAYMENT RECORD

Membership Type:

- Family Annual Family Seasonal
- (1) Annual Payment Single Seasonal
- (2) Semi-annual Payments One Month
- (4) Quarterly Payments Punch Card
- Single Annual
- (1) Annual Payment
- (2) Semi-annual Payments
- (4) Quarterly Payments

Payment Date Amount Payment Date Amount

Jan: _____ Jul: _____
 Feb: _____ Aug: _____
 Mar: _____ Sep: _____
 Apr: _____ Oct: _____
 May: _____ Nov: _____
 Jun: _____ Dec: _____

HEALTH RISK PROFILE

Name: _____ Date: _____ Membership #: _____

1. Are you presently taking any medications? _____ YES _____ NO

Please list ALL MEDICATIONS and what conditions they are taken for:

2. Date of your last physical exam: _____ 3. Your AGE: _____

HAVE YOU EVER HAD, OR HAVE YOU NOW, ANY OF THE CONDITIONS LISTED BELOW?

YES NO

- 4. A history of heart problems? _____
- 5. A history of high blood pressure (above 140/90)? _____
- 6. A history of lung/respiratory problems? _____
- 7. Diabetes? or High blood sugar? _____
- 8. Now or have been pregnant within past 3 months? _____
- 9. Difficulty with physical exercise? _____
- 10. A chronic illness? _____
- 11. Muscle, joint, or back disorder that could be aggravated by physical activity? _____
- 12. Recent surgery (within past 3 months)? _____
- If "yes", what type? _____
- 13. Advice from your physician NOT to exercise? _____
- 14. Do you smoke? _____
- If "yes", how many per day? _____
- 15. Are you more than 20 pounds overweight? _____
- 16. Do you have high blood cholesterol (above 240 mg/dl)? _____
- 17. Has anyone in your family (parents, grandparents, or brothers/sisters had a history of heart problems? _____
- Who? And age of relative(s) when diagnosed. _____
- Explanation to any "YES" answer to the above questions and when the condition occurred. _____

BASIC HEALTH SCREEN

Date Resting Heart Rate Blood Pressure Height Weight

_____/_____

TRAINING HEART RATE Low/Moderate Moderate/High

200 220

Your age: - _____ - _____

Maximal Heart Rate (MHR): = _____ = _____

Exercise Intensity Level: X .60 X .85

Heart Rate Beats Per Min (bpm): = _____ = _____

÷ 10 ÷ 10

Heart rate per 6 second count: = _____ = _____

GOALS
