

FITNESS CENTER APPLICATION FOR MEMBERSHIP

Date: _____

First Name _____ Last Name _____

Department or Entity at St. Vincent _____

Associate Badge # _____

Type of HL Membership Circle one: Associate Spouse Dependent

If Spouse or Dependent, please list Associate name _____

Home Address _____

City/State/Zip _____ E-mail _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Date of Birth ___/___/___ Age _____

Emergency Contact _____ Emergency Contact Phone () _____

Physician _____ Physician Phone Number () _____

Height (in.) _____ Weight (lbs.) _____ Sex M F Tobacco Y N

Please list any Medical Conditions/Surgeries or Medications taken _____

Describe your present exercise program _____

Member is responsible for updating all pertinent information.

For Office Use Only

Circle Method of Payment
1. EFT (checking/saving)
2. EFT - Credit Card
3. No Charge

Fitness Center Badge # _____

Activation Date ___/___/___ Deactivation Date ___/___/___

Healthy Lives Orientation (Date) _____ Staff Initials _____ Circle One: New Renew

Physician's Clearance Requested? Yes No Date ___/___/___ Staff Initials _____

AGREEMENT AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the health activities, fitness activities and programs conducted by St. Vincent Evansville, Inc. ("Medical Center") at facilities commonly known as St. Vincent Healthy Lives Fitness Center and to use the facility, equipment, machinery and services of St. Vincent Healthy Lives Fitness Center and in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Medical Center and its officers, directors, agents, Associates, representatives, executors and all others acting on behalf of any of them from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of the foregoing or others acting on their behalf, arising out of or connected with my participation in any health activities, fitness activities and programs of St. Vincent Healthy Lives Fitness Center or the use of the facility, equipment, machinery and/or services at St. Vincent Healthy Lives Fitness Center or at other locations under the direction of St. Vincent Healthy Lives Fitness Center , including, my home, provided by and/or recommended by the Medical Center acting through St. Vincent Healthy Lives Fitness Center. **(Please initial_____)**

I have been informed, understand and am aware that strength, flexibility and aerobic exercise, including the use of such facility, equipment, machinery and services are potentially hazardous activities. I also have been informed, understand and am aware that such health activities, fitness activities and programs involve a risk of injury including a risk of death or serious disability and that I am voluntarily participating in these health activities, fitness activities and programs and using such facility, equipment, machinery and services with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please initial:_____)**

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent or hinder my participation in any of the health activities, fitness activities and programs of St. Vincent Healthy Lives Fitness Center or use of such facility, equipment, machinery of services except as hereinafter stated. I do hereby acknowledge that I have been informed of the advisability of obtaining a physician's approval for my participation in such health activities, fitness activities and programs and my use of such fitness equipment, machinery and services. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and exer-cise equipment and machinery use. 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 such health activities, fitness activities and programs and the use of such facility, equipment, machinery and services without the approval of my physician and do hereby assume all responsibility for my participation in said health activities, fitness activities and programs and my use of such equipment, machinery and services.
(Please initial:_____)

I understand that I may ask any questions or request further explanation or information about the activities, facility, programs, and services offered by St. Vincent Healthy Lives Fitness Center at any time before, during, or after my participation.

In consideration of my membership in the St. Vincent Healthy Lives Fitness Center. I agree to pay as a membership fee, the monthly amount of \$_____ for a period of _____ months. I understand that my membership begins with my orientation which is scheduled for _____ at _____.

I declare that I have read, understand and agree to the contents of this agreement and release of liability in its entirety.

Signature:_____ Date:_____

Parent/Guardian if under age 18:_____

Witness/Staff Initials:_____