



# Wellness Center Membership Application

Card Number:	_____
Expiration Date:	_____
Payment	_____
Type of Payment	_____
Type of Membership	_____

Please Print

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Joining with another member? (Name): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name 1: _____	Name 2: _____
Relationship: _____	Relationship: _____
Day Phone: _____	Day Phone: _____
Evening Phone: _____	Evening Phone: _____
Address: _____	Address: _____

## FACILITY USE GUIDELINES

- Wellness Center memberships are non-refundable and non-transferrable.**
- Clean and dry rubber-soled athletic shoes for exercise in the Wellness Center gym must be carried in.
- Machines, cardiovascular equipment, and benches are to be cleaned and wiped down using disinfectant spray or sanicloths following each use.
- Space and equipment within the Wellness Center shall be used for intended purposes only. Personal items are not to be left or placed on the floor or on equipment. Individuals may utilize space provided in the locker rooms to store these items. Lockers may be used to store items during exercise sessions; items left overnight will be removed the following day by Wellness Center staff. The Wellness Center is not responsible for personal items that are lost or stolen.
- Staff members are not to hold equipment, valuables or bags for participants.
- Wellness Center members are required to sign in on the 'Member Check-in Sheet' upon entering the gym.**
- Computers in the Wellness Gym are for Therapy and Wellness staff only, unless they are clearly designated for member usage.
- Therapy Center patients have priority for equipment use and Therapy Center staff reserve the right to ask members to stop using equipment if needed for patient treatment.
- Wellness Center members are to notify staff immediately if equipment or weight machines malfunction or maintenance needs are noted.

10. There is a 30 minute limit per individual using cardiovascular equipment and a 10 minute limit at a single weight station when others are waiting.
11. All equipment (weights, theraballs, etc.) must be returned to its appropriate location following use.
12. **Unauthorized photography or videotaping is not permitted in the Wellness Center.**
13. Appropriate exercise attire is required. Sandals and open toed shoes are not permitted. Jeans and clothing with exposed zippers or metal rivets are prohibited due to the risk of ripping equipment upholstery and pose a risk of injury. Jewelry which may cause equipment damage or pose a risk of injury should be removed. Participants will be asked to remove jewelry that presents a danger to oneself or others. Clothing with offensive language, designs or pictures is not acceptable. Clothing inscribed with profanity is prohibited. Shorts must be long enough to cover the buttocks and groin when the participant exercises or moves. A shirt or tank top is required for all participants on all equipment throughout the Wellness gym.
14. **Non-compliance with Wellness Center policies may result in membership suspension.** Following suspension, the individual may not use any Wellness Center facilities or participate in any programs until reinstated by the Wellness Center Coordinator.
15. Wellness Center members are to notify Wellness staff immediately if their membership/gym access cards are lost or stolen. **There is a Replacement fee for lost membership cards.**

<b>SIGNATURE REQUIRED FOR PARTICIPATION</b>
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I have read and understand the "Release from Liability" as well as the Upland Hills Health Wellness Center Guidelines. My signature below indicates my compliance with all policies of Upland Hills Health and the Wellness Center.

Participant Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

(If under 18 years of age)



**Upland Hills Health  
RELEASE AND WAIVER OF LIABILITY,  
INDEMNITY AND MEDICAL RELEASE**

**THIS FORM MUST BE SIGNED BY ALL PARTICIPANTS. IF PARTICIPANT IS UNDER 18 YEARS OF AGE, FORM MUST BE SIGNED BY MINOR AND HIS/HER PARENT/GUARDIAN.**

IN CONSIDERATION of the undersigned Participant being permitted to voluntarily utilize the Upland Hills Health, Inc. ("Upland Hills") Wellness Center (the "Center") facilities, equipment, programs and services, participant and, if applicable, Participant's undersigned Parent/Legal Guardian (individually and collectively referred to as "Participant") hereby:

1. **ACKNOWLEDGES**, agrees and represents that Participant understands that the Center activities involve certain risks for physical injury. Participant further acknowledges that physician evaluation is recommended before starting any physical activity program and realizes that it is Participant's responsibility to ensure that Participant's health status allows for safe exercise. Participant also acknowledges that there are potential risks of which may presently be unknown. Because of the dangers of participating in the Center activities, Participant agrees to fully comply with the Center's applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in the Center activities. Participant understands that Upland Hills does not insure participants in Center activities, that any coverage shall be through personal insurance at Participant's expense and that Upland Hills has no responsibility or liability for injury resulting from Participant's utilization of the Center or participation in the Center activities.
2. **FULLY RELEASES, WAIVES DISCHARGES AND COVENANTS NOT TO SUE** Upland Hills, its Board, agents, employees or designees from any and all losses, causes of action, claims, damages or liability that Participant, Participant's spouse, child(ren), guests, legally authorized representative, assigns, successors and representatives may have that relates to, arises out of or is any way connected to Participant's use of the Center or Participant's participation in Center activities.
3. **AGREES TO DEFEND INDEMNIFY AND HOLD HARMLESS** Upland Hills, its Board, agents, employees or designees from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from Participant's actions during the Center activities or events.
4. **CONSENTS** to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness while at the Center or while participating in the Center activities.

By signing below, Participant acknowledges that s/he has had the opportunity to review, discuss and ask questions about the terms and conditions contained herein.

**PARTICIPANT ACKNOWLEDGES THAT S/HE HAS READ THIS RELEASE AND WAIVER OF LIABILITY, UNDERSTANDS ITS TERMS, UNDERSTANDS THAT S/HE WILL BE GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE.**

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**MINOR INFORMATION:**

Name of Parent/Legal Guardian: \_\_\_\_\_ Age (If A Minor) \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

