



WELLNESS CENTER MEMBERSHIP APPLICATION TERMS OF MEMBERSHIP

Memberships (select one):

- Individual Membership
- Family Membership
- SilverSneakers®
- Student Membership *(age 16 and up with verification of enrollment)*
- Mercy Employee

Membership Cost:

- Monthly \$ _____
- Six-month \$ _____
- Annual \$ _____

Name: _____ Date of Birth: _____ Gender: M F

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Cell Phone: _____

Family Members using Family Membership

Last Name	First Name	Gender	Date of Birth	Employer or School

If your insurance plan covers fitness center memberships, please present your insurance card for copy.

Method of payment (select one):

- Cash
- Check
- Credit card

Credit card #: _____ Exp: _____

Name on Card _____ (Please print)

I have been informed of and given access to the Membership Terms and Conditions.

Signature

Date

Office use only

Effective: ____/____/____

Expires: ____/____/____

Member #: _____

Authorized by: _____

MEMBERSHIP TERMS AND CONDITIONS

Recreation activities are fun, exciting, and physically demanding. I understand this but also acknowledge the following:

My participation and use of the Mercy Wellness Center is voluntary. I agree and acknowledge that some activities involved with the use of the Wellness Center and its programs may be of a hazardous nature and may include strenuous exercise or activity. Understanding this, I am aware that participating in these activities involves the risk of bodily injury or personal property damage, including, but not limited to, accidents, illnesses, injuries to, or death to Wellness Center participants or others. I further understand that part of the risk involved in undertaking any activity or program of this nature is relative to my own current state of fitness or health and to my own awareness, care, and skill in the manner in which I conduct myself while participating in an activity or program. I recognize that such physical activity I may be involved in includes, but is not limited to, stretching, walking, running, lifting weights, bending, endurance training, physical contact, twisting, personal interaction, and increased heart rate. In participating in any activity or program I acknowledge my obligation to immediately inform the nearest supervising employee or program instructor of any pain, discomfort, fatigue, injury, or any other symptom that I may suffer during or after my participation in the Wellness Center and/or any of its sponsored events.

I state to the best of my knowledge I have no medical, physical, or mental health conditions which would hinder or prevent my participation in any physical or related activity properly conducted through the Wellness Center. I represent that I am in good health, physical condition, and physical well-being. I hereby assume full responsibility for all risk of injury or loss which may result from my participation and use of the Wellness Center and hereby agree to release Mercy Hospital, the Wellness Center, its officers, agents, and employees from any and all liability arising out of or relating to any of the Wellness Center's facilities and programs. I also agree to hold harmless Mercy Hospital and the Wellness Center and its officers, agents, and employees from any claim or demands which the undersigned or any third person, or the representatives thereof, may make or attempt to make for injuries or losses arising directly or indirectly from my own assumption of risk through participation in a program or activity and/or any negligent behavior committed by me or on my behalf. I further acknowledge that the terms of this release will serve as a release and assumption of risk applicable and binding on my heirs, executors, administrators, and others.

PLEASE NOTE: The Wellness Center strongly recommends that you undergo a complete physical examination by your personal physician prior to undertaking any activity or program which involves physical or strenuous exercise or activity.

ACKNOWLEDGEMENT

I acknowledge that I have read and fully understand the nature of the Wellness Center membership to which I am undertaking and any questions that I have about such membership have been answered to my satisfaction.

Member's Printed Name _____

Membership ID #: _____

Member's Signature: _____

Date: _____

Parent or Guardian signature if member/participant is under age 18: _____

Date: _____

ADDITIONAL TERMS AND CONDITIONS OF MEMBERSHIP AND USE:

All members of the Mercy Wellness Center agree to the following:

1. Memberships are not refundable or transferable. Only current Mercy Hospital staff or non-expired Wellness Center members may use the Mercy Wellness Center facility. Valid Mercy Hospital ID is required for entry into the Wellness Center by staff. A valid access card is required of all members.

All members must bring their access card on each visit to the Wellness Center and must check in immediately upon arrival at the front desk. Individuals using the facility without checking in will be considered trespassers regardless of membership status and asked to leave the Wellness Center. Members are responsible for their access card. Sharing of access card with non-member will result in the forfeiture of a member's membership effective immediately.

Members can obtain a replacement card if an access card is lost or stolen. Replacement cards are available from the Wellness Center at a cost determined by the Wellness Center. If an access card is faulty, a replacement card will be issued at no cost to the member upon return of the faulty card. All members must register their attendance upon entering the facility [either by swiping their access card or by signing in on the sign-up sheet].

2. Day Passes may be obtained from the front desk. Guests must agree to and follow all Wellness Center rules and policies. Payment for Day Passes must be made upon entry to the facility.
3. Wellness Center hours are posted and subject to change without notice. Users of the Wellness Center must vacate the premises by closing time. Members in the Wellness Center after closing will be considered trespassers and are subject to membership termination without refunds.
4. No person under the age of 16 is permitted in the Wellness Center facility unless accompanied by and supervised by an adult member. No person under the age of 10 shall be permitted in the Wellness Center facility even if accompanied by an adult member, unless a specific class is offered for those age 10 and under (see class release forms for additional requirements).
5. Equipment and supplies in the Wellness Center are property of the Wellness Center. Members are not to misuse or abuse such property or remove any such property from the Wellness Center. All weights and equipment must be put back after use.
6. Equipment is the sole responsibility of the member who checked it out and an equipment form must be filled out and signed before obtaining equipment. Any damaged equipment returned or not returned by closing time is the responsibility of the member who checked it out.
7. Members must provide their own locks to secure lockers. All locks must be removed at the end of the workout session. Contents left in lockers will be donated to a local charity if not claimed within 5 days.
8. Each member must respect other member's use and behave in a cordial, non-offensive manner at all times. The Wellness Center has a zero tolerance policy for harassment. Verbal or gestured profanity, provocation, pestering, and fighting are not tolerated in the Wellness Center. Such a behavior will result in a permanent ban from use of the Wellness Center.

9. No food is allowed in the Wellness Center. Beverages in plastic containers are acceptable. Glass containers are not allowed in the Wellness Center.
10. Appropriate athletic shoes (for indoor use only), shirts, shorts, and clothing shall be worn at all times outside of the locker rooms and during and after all group exercise classes.
11. Specific use policies are posted in the Wellness Center. Members agree to abide by all such policies.
12. Violation of any Wellness Center policy may result in suspension, expulsion, and/or termination of membership without refund. Mercy Hospital reserves the right to rescind or limit the rights of members not complying with the terms and conditions of membership. The Wellness Center director shall make all final decisions regarding suspension, expulsion, and/or termination of membership.
13. The provisions of this Terms and Use statement are subject to change at any time. Notice will be posted in common areas and on Mercy Hospital's website prior to any changes occurring.



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