MEMBERSHIP APPLICATION

How did you hear about Blomeyer? ☐ Wellness Champion ☐ Website ☐ Member/co-worker ☐ Event ☐ Other:__________________________

If you were referred by a member or Wellness Champion, please list their name here: ____

ABOUT YOU/ PAYMENT AUTHORIZATION

Last Name	First Name	Employee ID	Date
Date of Birth	Gender ☐ Male ☐ Female	Work e-mail	
Work Address	City	State	Zip
Home Address	City	State	Zip
Home Phone	Work Phone	Department	
Employee status: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Intern ☐ Other (please list):			

Emergency Contact	Emergency Contact Phone	Relationship

MEMBERSHIP TYPE

☐ Employee ☐ Spouse/Retiree ☐ Other

METHOD OF PAYMENT

☐ Cash ☐ Check ☐ Debit/Credit

Date ___________________

Initiation Fee $ ___________________

First Month Payment $ ___________________

Paid in full (one year) $ ___________________

Other: ___________________ $ ___________________

Sales Tax ([00]%) $ ___________________

Total Amount $ ___________________

TERMS OF AGREEMENT

PAYMENT AGREEMENT FOR MONTHLY MEMBERSHIP:

I agree to pay a monthly rate of $ ___________ which will be:

- ☐ paid in full
- ☐ electronically deducted from my checking account
- ☐ charged to my credit/debit card
- ☐ payroll deduction

Start date: ______________ Deduction amount: ______________

PAYMENT AGREEMENT FOR PAID-IN-FULL MEMBERSHIP:

Memberships and applicable locker rental fees (optional) are non-transferable and non-refundable.

EXERCISE PASS CARD:

Exercise pass cards are valid for a maximum of three months. Any punches not used within three months will be forfeited.

CANCELLATION NOTIFICATION:

In order to avoid an additional month's charge, I will provide written notification to the Blomeyer Fitness Center by the 15th day of the month. I understand that I will be responsible for an additional month's dues if written cancellation is provided after the 15th day of the month.

Signature: ____ Date: __________________

Witness: ____ Date: __________________

Emory Blomeyer Health Fitness Center | 1525 Clifton Road, 5th Floor (Emory Clinic)
404-727-4600 | blomeyer@emory.edu
© 2017 Health Fitness Corporation

HEALTH HISTORY QUESTIONNAIRE

Last Name First Name Employee ID Date

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING CARDIAC, METABOLIC OR PULMONARY CONDITIONS? MARK ALL THAT APPLY.

CARDIAC/VASCULAR

Diagnosed high blood pressure (or systolic BP>140 or diastolic BP>90mmHG on at least two separate checks) .... ☐ Yes ☐ No

Coronary angioplasty or cardiac surgery...................... ☐ Yes ☐ No

Heart disease, heart attack, angina .... ☐ Yes ☐ No

Heart murmur.. ☐ Yes ☐ No

Peripheral vascular disease.. ☐ Yes ☐ No

Stroke... ☐ Yes ☐ No

Other: _________________________......................... ☐ Yes ☐ No

METABOLIC

Diabetes .... ☐ Yes ☐ No

Kidney disease .... ☐ Yes ☐ No

Thyroid or other metabolic disorders .... ☐ Yes ☐ No

RESPIRATORY

Asthma.. ☐ Yes ☐ No

Chronic bronchitis... ☐ Yes ☐ No

Emphysema or chronic obstructive pulmonary disease (COPD)... ☐ Yes ☐ No

Other: _________________________......................... ☐ Yes ☐ No

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING SIGNS, SYMPTOMS OR CONDITIONS? MARK ALL THAT APPLY.

Ankle swelling .... ☐ Yes ☐ No

Chest pain (at rest or exertion) .... ☐ Yes ☐ No

Dizziness/fainting.. ☐ Yes ☐ No

Women: Are you pregnant? .... ☐ Yes ☐ No

Rapid heartbeats or palpitations .... ☐ Yes ☐ No

Shortness of breath (at rest or mild exertion) .... ☐ Yes ☐ No

Unexplained fatigue (unusual fatigue or shortness of breath with usual activities) .... ☐ Yes ☐ No

If you marked “yes” to one or more of the items above, you must obtain your personal physician’s consent prior to scheduling your fitness assessment. See Medical consultation Form.

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING CORONARY RISK FACTORS?

Female, age 55 or older .... ☐ Yes ☐ No

Male, age 45 or older .... ☐ Yes ☐ No

Hypercholesterolemia, elevated cholesterol, abnormal blood lipids (total cholesterol>200mg/dL or HDL<mg/dL) .... ☐ Yes ☐ No

Smoking habit (within past six months)........................ ☐ Yes ☐ No

Sedentary lifestyle (inactive job with no regular exercise program; active less than three times per week; or no recreational pursuits) .... ☐ Yes ☐ No

If you marked “yes” to two or more of the items above, you must obtain your personal physician’s consent prior to scheduling your fitness assessment. See Medical consultation Form.

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS. THESE CONDITIONS MAY REQUIRE A MEDICAL CONSULATION.

☐ Major surgery or hospitalization within the past six months (please detail): ___________________________________

☐ Anemia (severe<10GM/dL)

☐ Chronic back problems

☐ Arthritis (please detail): ___________________________________

☐ Allergies (please detail): ___________________________________

☐ Orthopedic problems (please detail): ________________________

☐ Other medical restrictions (please detail): ____________________

LIST ALL MEDICATIONS YOU ARE TAKING (PRESCRIPTION AND OVER THE COUNTER).

____

____

____

I verify I have answered these questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my exercise program, I will notify staff immediately.

Signature: ______________________________ Date: ________________

© 2017 Health Fitness Corporation

RELEASE OF LIABILITY AND CONSENT

HEALTH FITNESS CORPORATION RELEASE OF LIABILITY AND CONSENT—FITNESS MANAGEMENT AND FITNESS MANAGEMENT BLENDED SERVICES AT A FITNESS CENTER (A-1)

(Includes Health Management Services and Health Improvement Programs except Health Screenings, Personal Training and Massage Therapy) loss arising from or in any way relating to my participation in HealthFitness programs and use of Center.

I hereby release, agree not to sue and forever discharge Emory University Health Fitness Center (Client) and HealthFitness and their respective affiliates* of and from any and all manner of claims, demands, actions, causes of action, liability, damages, claims for punitive or liquidated damages, claims for attorney's fees, costs and disbursements, individual or class action claims, and demands of any kind whatsoever I have or might have against them or any of them, whether known or unknown, in law or equity, contract or tort, arising out of or in any way relating to my receipt of assessment services, participation in HealthFitness programs, use of the Center and loss of personal property, however originating or existing. This release shall be binding upon my heirs, personal representatives, administrators, executors and assigns.

I understand that this release includes, without limitation, all injuries which may occur as a result of the following:
(a) my use of HealthFitness' amenities and equipment in the Center facilities, my receipt of instruction and other services from HealthFitness, or my participation in any activity, class, program or instruction; (b) the malfunctioning of any equipment; (c) HealthFitness' training, supervision or dietary recommendations; and (d) my slipping and/or falling while in or on the Center's premises, including adjacent sidewalks and parking areas.

I further understand that any recommendations regarding exercise or diet (including, without limitation, the use of supplements) are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet.

I understand, as a participant of the health and fitness program who is to be assessed and given the opportunity to participate in an exercise program at the Center, I will have the option to receive a fitness assessment that measures some or all of the following items: (1) flexibility; (2) muscular strength and endurance; (3) body composition; and (4) changes in heart rate and blood pressure before, during and after an exercise test. I understand a particular set of results from the fitness assessment does not necessarily mean I am: (1) fit; (2) unfit; or (3) likely to benefit from exercise or changes in diet. That judgment can only be made by my physician.

I am aware that the fitness assessment is for the purpose of designing a personal exercise program and providing information on conditioning levels compared to norms. I understand the fitness assessment is not intended to replace any medical screening I may need, and neither the Center, HealthFitness, nor any of their affiliates will determine whether an exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters.

(See Reverse →)

© 2015 Health Fitness Corporation

I further understand HealthFitness staff will question me about my health status and I agree to complete a health history questionnaire. I certify the information I provide to HealthFitness staff about my health and exercise history and current health status will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform HealthFitness staff in the event of any change in my health or medical status. HealthFitness shall treat information regarding my personal health and medical status as confidential. HealthFitness shall not release such information without my written consent, except to authorized HealthFitness and Center employees, agents, successors and assigned contractors who we use to support our business; in connection with any programs sponsored by my employer in which I participate; in connection with the sale, assignment or other transfer of the business which the information relates; when applicable by laws, court orders or government regulations require us to do so; and to health care personnel for treatment purposes (including, for example, emergency assistance personnel). I understand that HealthFitness may use or disclose to others information regarding my health for statistical analysis or other research purposes, provided that my name and other personally identifiable information is removed from the information prior to such uses and disclosures.

I understand there are possibilities of injury or other complications, including but not limited to, musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during a fitness assessment, while completing an exercise program, while otherwise using the Center facilities or while participating in any health and fitness program activities.

I voluntarily agree to submit to a fitness assessment and assume all risks associated with my participation in the fitness assessment, health and fitness programs (including a personal exercise program) and use of Center facilities. I understand and acknowledge it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand use of the Center and participation in a fitness assessment, health and fitness program activities is strictly voluntary, is not required of employees of participating companies and I may discontinue my participation at any time. I further understand HealthFitness may revoke my privileges to use the Center or otherwise participate in assessment or other programs at any time, in its sole discretion. I agree to be bound by and obey all the rules and policies of the Center, HealthFitness and HealthFitness staff in my use of the Center and in my participation in the health and fitness program activities.

I understand at any time I may review this Release of Liability and Consent by requesting a copy from HealthFitness staff. I agree if any portion of this form is held invalid, the remainder of this form will continue in full legal force and effect.

I have carefully read this Release of Liability and Consent and fully understand its terms. I sign it voluntarily with full knowledge of its legal significance and understand that I have the right to have my attorney review it. I am 18 years of age or older.

Signature: ____ Date: _______________

Print Name: ____

*Affiliates means any branch, division or subsidiary of HealthFitness or HealthFitness' present and former officers, directors, shareholders, trustees, employees, agents, representatives, contractors and the successors and assigns of each, whether in their individual or official capacities.

© 2015 Health Fitness Corporation