

Date _____

MEMBERSHIP APPLICATION



First Name _____ Last Name _____ FOB # _____

Phone: _____ Mobile: _____ Email: _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone: _____ Relationship _____

Your Date of Birth _____

How would you like to be contacted? Phone _____ Text _____ Email _____ Opt Out _____

INSURANCE INFORMATION

Silver & Fit # _____ Insurance Plan # _____ Group ID # _____

Silver Sneakers # _____ Renew # _____ Other Plan _____

MEDICAL QUESTIONNAIRE

Y N

- ___ ___ Has Your Doctor ever said you have a heart condition?
- ___ ___ Do you frequently feel pain in your chest or heart?
- ___ ___ Do you lose your balance because of dizziness or do you ever lose consciousness?
- ___ ___ Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- ___ ___ Are you currently taking medication for your blood pressure or heart condition?
- ___ ___ Do you know of any other reason why you should not participate in physical activity?

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at the Yates Community Center.

Initial _____

PHOTO RELEASE

Yates Community Center and partners post photos of the fitness center, fitness classes and our events on our Facebook, Instagram and web pages. No names or identifying information is posted. We do not tag the photos. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education, Fitness Center, and fitness program promotions. I give my permission for photos and/or videos of myself to be used in public relations materials and to be posted on social media and the Yates Community Center website.

Initial _____

WAIVER and RELEASE

(Must be completed and on file prior to using the Fitness Center)

I, the undersigned, have read and understand the General Rules for Yates Community Fitness Center Use. I acknowledge a full understanding of the inherent dangers and risks associated with the use of this facility and/or any fitness/wellness activity occurring therein.

I acknowledge it is recommended that I seek approval from my physician before implementing an exercise regimen, as there may be significant health risks associated with exercising. I also understand that injury or death may result if equipment is not used properly. I understand that in the event of accident or injury, personal judgment may be required by YCC employees, agents, representatives, or volunteers regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that YCC and/or by YCC personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any fitness/wellness facility activity. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, or I have decided to participate in these activities without the approval of my physician.

I understand that the activities, facilities, programs, and services offered by YCC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some YCC employees, agents, representatives, or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

In consideration for being permitted to participate in this program, and because I assume all risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a results of my participation or arising out of my participation in the Fitness Center or any fitness/wellness activity occurring therein.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless YCC, its officers, officials, agents students and/or employees ("Releases") from any and all claims, demands, damages, rights of action or causes of actions, present or future, arising out of my use or occupancy of the Fitness Center or any fitness/ wellness activity occurring therein, including any injuries arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law. I further state that I am at least eighteen (18) years of age and fully competent to sign this document; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

**I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST YATES COMMUNITY FITNESS CENTER FOR ANY INJURY SUSTAINED.
I ACKNOWLEDGE MY SIGNATURE BELOW MEANS I HAVE READ AND ACCEPT THE MEMBERSHIP AGREEMENT.**

Signature

Date

**Signature of Parent or Guardian, if Participant is under age 18*

ADDENDUM TO WAIVER

As an Addendum to the Waiver signed above,
you agree and understand the following:

By entering this facility, you are agreeing to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as COVID-19. The coronavirus is primarily transmitted via exhaled respiratory droplets that can travel 6 feet or more. The virus is more commonly transmitted between persons than from equipment to persons. COVID-19 symptoms include fever, cough, shortness of breath, and other symptoms as serious as stroke or death.

In adherence with the guidelines established by New York State, based on our current knowledge, we clean our equipment and require social distancing in our facility. You agree to adhere to the procedures put in place by New York State which are required to remain open for business. You understand that you may be exposed to the coronavirus through no fault of our own. You agree that you will not hold us liable for any real or perceived symptoms of COVID-19 or any other disease, illness, or condition including exacerbation of existing conditions and you agree to accept all risks of entering the facility, using the equipment, working with personal trainers, attending classes and/or interacting or being exposed to other members.

Signature

Date

**Signature of Parent or Guardian, if Participant is under age 18*