Bluestem Wellness Centers

Membership Agreement

Today's Date_____

First Name_____ Middle Initial_____ Last Name_____

Address_____ City _____ State _____ Zip _____

Cell Phone _____ Home/Alternate Phone _____

Email _____ Date of Birth _____ Gender_____

Emergency Contacts

I authorize Bluestem Wellness Centers to contact the following individuals in case of emergency.

1. Name _____ Phone _____
2. Name _____ Phone _____

Physician _____ Office_____ Phone _____

Medical History

Please indicate medical information that may be helpful to EMS in case of emergency.

_____ Heart disease	_____ Angina / Chest pain	_____ Blood Pressure – High / Low
_____ Cardiac surgery	_____ High cholesterol	_____ Diabetes – On Insulin? Y / N
_____ Heart attack (MI)	_____ Lung disease	_____ Stroke / TIA
_____ On blood thinners	_____ Emphysema	_____ Seizures / Epilepsy
_____ Stent / Implant	_____ Asthma	_____ Parkinson's
_____ Pacemaker / Defibrillator	_____ COPD	_____ Cancer _____

Allergies to Medications _____

Other pertinent surgeries or medical information _____

_____

Liability Waiver and Agreement

Please initial each statement to indicate your understanding and agreement.

_____ I understand and acknowledge there are inherent risks associated with exercise and use of exercise equipment and facilities, such as those available at the Bluestem Wellness Centers in Hesston and North Newton. I agree that all exercise and activities that I engage in at the Bluestem Wellness Centers will be done at my own risk.

_____ I understand Bluestem Wellness Centers recommends I consult with my physician prior to beginning an exercise program, regarding restrictions/limitations for my safety or conditions, and it is my responsibility to do so.

_____ I understand Bluestem Wellness Centers recommends I wear applicable medical alert jewelry or emergency alert device while exercising, as well as carry medical information I want accessible to EMS in case of emergency.

_____ I waive my right to any claims against the Bluestem Wellness Centers, or affiliated agents, which may arise out of any activity, event, use of the Bluestem Wellness Centers equipment or facilities, or my presence on the premises, including personal injury, theft and all property damage, even if caused by negligence of any of these persons. However, I am not waiving any claims to the extent it may be based upon gross negligence or willful misconduct.

_____ I understand that children 0-13 are not allowed on exercise equipment at any time, though may freely participate in family swim and walking path while accompanied by the parent/guardian member. Members age 14-15 have full access while accompanied by a parent/guardian member.

_____ If I have an after-hours access member code, I understand sharing it may result in termination of access.

_____ No membership refunds given. I understand a 30-day notice is required to cancel a bank draft membership.

Bluestem Wellness Centers Membership Type

Primary Location ☐ Hesston ☐ North Newton

Member Code_____

☐ **Resident / Participant Membership** ☐ Kidron Bethel ☐ Schowalter Villa ☐ Bluestem PACE

☐ **Employee Membership** ID#_____ Campus: ☐ KBV ☐ SV ☐ PACE-Mac ☐ PACE-Hutch

Membership Type

☐ Single Employee - Free
☐ 1 Family Add On - $5.15 per pay period by payroll deduction
☐ Multiple Family Add Ons - $7.00 per pay period by payroll deduction

Partner or Family Add Ons:

1. _____ Date of Birth ____ / ____ / _____ ☐ Completed Form
2. _____ Date of Birth ____ / ____ / _____ ☐ Completed Form
3. _____ Date of Birth ____ / ____ / _____ ☐ Completed Form

☐ **Employee Partner/Family Add On** Employee Name_____

Employee Family Add Ons must be partner or Age 14-22, same household, claimed on taxes.

☐ **Community Membership – Primary Member** ☐ Day Pass ☐ Punch Card

☐ New Member - $25.00 Joiner Fee ☐ New Corporate (joiner fee waived) ☐ Renewal

Membership Type

☐ Senior 62+ Single / Couple
☐ Adult Single / Couple/Family
☐ Corporate Single / Couple/Family Corporate Name_____
☐ Student – Age 16+ or college with 6+ hrs/week School Name_____

Partner or Family Add Ons:

1. _____ Date of Birth ____ / ____ / _____ ☐ Completed Form
2. _____ Date of Birth ____ / ____ / _____ ☐ Completed Form
3. _____ Date of Birth ____ / ____ / _____ ☐ Completed Form

Membership Length *See Brochure for Rate Schedule*

☐ Continual - Monthly Bank Draft ☐ Annual ☐ Quarterly ☐ 6 Month

Membership Begins____/____/_____ Membership Expires____/____/_____

Payment

Payment $ _____ ☐ Cash ☐ Check ☐ Card Monthly Bank Draft $_____

☐ **Community – Partner/Family Add On** Primary Member Name_____

Community Family Add Ons must be partner or Age 14-22, same household, claimed on taxes.

Membership Type

☐ Senior – Partner ☐ Adult Partner/Child ☐ Corp. Partner/Child – Corp. Name_____

Member Signature _____ Date_____

Staff Signature _____ Date _____