

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 _____

Medical History

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

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

Allergies to Medications _____

Other pertinent 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 children 0-13 are not allowed on exercise equipment at any time, though may 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.

_____ I understand sharing an access code may result in termination of access.

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

_____ I consent to SMS/texts for closures or important updates. Text/SMS rates from cell provider may apply.

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
- Partner/Family Add Ons - \$10.00 total 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.

Hess Fitness Center in McPherson: To activate your Bluestem Employee membership, present your Bluestem badge at Hess when joining.

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 Senior 62+ Couple
- Adult Single Adult Couple/Family
- Corporate Single Corp. 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

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 _____