

# 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. 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 Wellness Center Location \_\_\_\_\_

Member Code \_\_\_\_\_

**Resident / Participant Membership** Campus \_\_\_\_\_

**Employee Membership** Employee ID# \_\_\_\_\_ Campus: \_\_\_\_\_

**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 for Bluestem PACE staff: Present your Bluestem badge at Hess to activate your Bluestem PACE Employee Membership.

**Community Membership – Primary Member**

New Member - \$25.00 Joiner Fee     Renewal     Day Pass     Punch Card

**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 \_\_\_\_\_

Wellness Center Staff Signature \_\_\_\_\_ Date \_\_\_\_\_