

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 my or another person's 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

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 Full Access Membership - Primary Member

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 Cycle Length and Payment *See Brochure for Rate Schedule*

- Annual \$ _____ *Charged annually on membership start date* _____
- Monthly \$ _____ *Charged monthly on the 1st, beginning* _____
Prorated amount paid \$ _____ to cover dates _____
- \$25.00 Joiner Fee Paid

Community Full Access - Partner/Family Add On Primary Member Name _____

Community Partner/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 _____

Community Limited Access Day Pass Punch Card - 10 visits

Member Signature _____ Date _____

Wellness Center Staff Signature _____ Date _____