



SBH&W Sales Rep: _____
 Today's Date: _____

Membership Application

First Name: _____ Last Name: _____ Date of Birth: _____ Gender: M F (Circle one)
 Home Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____
If under Age 18: Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Membership Type:

Annual Paid in Full Regular Monthly Senior Monthly Add-On to: _____ 12-18 JR 1 Mo. 3 Mo.
 Corporate: _____ Complimentary Medical Ref. SBMC Employee: Lawson or SS#: _____
 SilverSneakers / Prime / Silver&Fit / Active&Fit #: _____ **Enrollment Fee:** _____ **Monthly Fee:** _____

- Basic Enrollment Membership \$39.00:** I recognize that I may cancel my monthly membership by submitting a written notice to SBH&W on or before the 28th of the month. Anytime after the 28th, another month membership will be auto draft leaving my account balance to zero. I further understand that failure to pay dues or other indebtedness within 30 days of the billing date may subject me to termination of my membership. Member Initials: _____
- Premium Enrollment Membership \$79.00:** Includes enrollment and 3 individual sessions; one hour consultation, one hour equipment orientation and a 30 minute personal training session with one of our certified personal trainers. I recognize that I may cancel my monthly membership by submitting a written notice to SBH&W on or before the 28th of the month. Anytime after the 28th, another month membership will be auto draft leaving my account balance to zero. I further understand that failure to pay dues or other indebtedness within 30 days of the billing date may subject me to termination of my membership.

I acknowledge that my SBH&W dues and any miscellaneous charges will be paid automatically by bank draft or credit card, and the entire balance will be automatically drafted on the 2nd of every month. I acknowledge that if my account cannot be drafted within 28 days due to insufficient funds or account changes, I will be charged a \$10 return fee and possible termination. Member Initials: _____

Banking Institution: _____
 Checking Routing #: _____ Checking Acct. #: _____

Visa MasterCard
 Name on Card: _____ Billing Address: _____
 CC#: _____ Expiration Date: ____/____/____ Security Code: _____

- Policies and Guidelines:** In accordance with my decision to join St. Bernards Health & Wellness, I hereby acknowledge that I have been informed of the SBH&W policies & guidelines and I/we agree to abide by the policies outlined therein. I am aware that I can view said policies & guidelines on the SBH&W website, www.stbernardswellness.com. I understand that these are subject to change at the discretion of management.
- Physical Readiness Questionnaire (PAR-Q), Assumption of Risk & Liability Waiver:** I acknowledge that I completed a PAR-Q, Express Assumption of Risk & Liability Waiver and that all resulting questions were answered to the best of my knowledge.
- Annual maintenance fee:** I acknowledge that I will pay a \$10.00 Annual Maintenance Fee in January of each year of my membership.

I acknowledge that I agree/disagree to receive correspondence from St. Bernards Health & Wellness via email and/or texts. This will include but not limited to facility announcements, special events & collections.

- Yes; I agree to SBH&W Communication Consent** **No; I do not agree SBH&W Communication Consent**

Main Member: I acknowledge that as the Main Member I assume all responsibility of payment for any Add-Ons & add'l charges: _____

Member Signature: _____ Print Name: _____ Date: _____

If applicant is under 18, Parent/Guardian must Sign: _____ Date: _____

HEALTH HISTORY and PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Patient Name: _____ DOB: ____/____/____ Today's Date: ____/____/____

Male Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

The American College of Sports Medicine (ACSM) recommends a medical examination and clinical exercise test before participating in a moderate exercise program if the participant demonstrates 2 or more risk factors, and/or 1 or more signs/symptoms suggestive of cardiopulmonary disease, or has known disease (cardiac, pulmonary, metabolic). Moderate exercise is defined by an intensity of 40% to 60% VO₂max or alternately defined as intensity well within current capacity, one which can be comfortably sustained for a prolonged period of time that is 60 minutes, which has a gradual initiation and progression, and is generally non-competitive. Additionally, the ACSM recommends a medical examination and clinical exercise test before participating in a vigorous exercise program if the participant is apparently healthy and older (>40 years for men, >50 years for women), or demonstrates 2 or more risk factors with or without symptoms, or has known disease (cardiac, pulmonary, metabolic). Vigorous exercise is defined by intensity >60% VO₂max or alternately defined as exercise intense enough to represent a substantial cardiorespiratory challenge or if it results in fatigue within 20 minutes.

Please identify the items below which apply and follow through accordingly.

Known disease or condition (Any 1 = High Risk then acquire Physicians Consent Form and Express Assumption of Risk)

____ Cancer ____ Cardiovascular Disease ____ Metabolic Disease
____ Metabolic Syndrome ____ Pregnancy ____ Pulmonary Disease ____ Stroke

Risk Factors (If < 2 = Low Risk, \geq 2 = Moderate Risk then acquire Physicians Consent Form and Express Assumption of Risk)

____ Age (Men \geq 45 Women \geq 55)
____ Family history (MI, coronary revascularization, or sudden death in 1st degree relative < 55 male or < 65 female)
____ Hypertension (\geq 140/90 or hypertensive medication)
____ Dyslipidemia (Total > 200 mg/dl, LDL \geq 130 mg/dl, HDL < 40 mg/dl, TG >150 or lipid medication)
____ Diabetes Mellitus
____ Obesity, > 20 pounds overweight, BMI \geq 30, waist > 40 inches for men or > 35 inches for women
____ Sedentary/physically inactivity lifestyle
____ Current cigarette smoking or quit within previous 6 months

Signs/Symptoms (< 1= Low Risk, \geq 1 = High Risk then acquire Physicians Consent Form and Express Assumption of Risk)

____ Pain, discomfort in chest, neck, jaw, arms, or areas as a result of ischemia ____ Dizziness, fainting, or blackouts
____ Unusual fatigue with usual activities ____ Palpitations or tachycardia
____ Unusual shortness of breath with usual activities ____ Intermittent claudication
____ Shortness of breath at rest or with mild exertion ____ Known heart murmur
____ Orthopnea or paroxysmal nocturnal dyspnea ____ Ankle edema

PAR-Q (< 1= Low Risk, \geq 1 = High Risk then acquire Physicians Consent Form and Express Assumption of Risk)

____ Has a doctor ever said that you have a heart condition and advised only medically supervised activity?
____ Do you have chest pain brought on by physical activity?
____ Have you on one or more occasions lost consciousness, felt faint or dizzy?
____ Has a doctor ever said your blood pressure is too high?
____ Do you have a bone or joint problem, such as arthritis, that could be aggravated by exercise and physical activity?
____ Are you aware of any other physical reason that would prohibit exercising without medical supervision?
____ Are you over the age of 65 and not accustomed to vigorous exercise?

List any recent surgeries you have had within the past five years:

List any medications you are currently taking:

List any current allergies:

Are you aware of any other medical problems or injuries that may prevent you from participating in an exercise program and physical activity? If so, please list:

If your responses above indicates risk and to acquire physician consent then you must provide us with a medical clearance from your doctor. You will need to provide us with your doctor's name and contact information and we will contact your doctor. I hereby give my permission of SBH&W to contact my doctor for the purpose of receiving any pertinent information applicable to my medical condition as it would relate to my membership at SBH&W.

_____ / ____ / ____

Member Name (Signature)

Date

Doctor's Name: _____ Contact Information: _____

I have read, understood and completed this questionnaire. Any and all questions I had were answered to my full satisfaction.

Member Name (Printed)

_____ / ____ / ____

Member Name (Signature)

Date

If the member joining St. Bernards Health & Wellness is under the age of 18, a parent or legal guardian must provide a signature below indicating an agreement with the said policies and procedures of the Health History, Physical Activity Readiness Questionnaire and the Membership Application process at St. Bernards Heath & Wellness.

Parent/Legal Guardian Name (Printed)

_____ / ____ / ____

Parent/Legal Guardian Name (Signature)

Date

SBH&W Team Member (Printed)

_____ / ____ / ____

SBH&W Team Member (Signature)

Date



WAIVER, RELEASE of LIABILITY, and CONSENT

For and in consideration of being permitted to participate in the facilities, programs and services of St. Bernards Health and Wellness Institute, herein referred to as SBH&W, the sufficiency of such consideration being acknowledged, I for myself, my heirs, successors, representatives and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE SBH&W and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of SBH&W or its employees, agents or representatives, or by any other person or persons.

I further understand and acknowledge, and hereby assume, the risks and hazards which may cause injury, disability and death, and perhaps damage to or loss of my property while on the premises or while participating in any or all activities conducted thereon or therein. Moreover, I hereby acknowledge that my use is voluntary.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that I sustain any personal injury or require medical attention either before, during or after exercise or participation in any and all activities, I specifically authorize SBH&W and its agents or employees to voluntarily and gratuitously perform on-site treatment for injury or medical condition. I understand that any on-site treatment will not necessarily be performed by persons having medical training and that SBH&W has made no representations that treatment will be performed by persons with such training. I also authorize SBH&W and its agents or employees to voluntarily and gratuitously arrange transportation for me for the purpose of obtaining medical treatment elsewhere. In return for any such treatment or transportation for treatment elsewhere, I for myself, my heirs, successors and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE SBH&W and its agents, employees, officers, directors, parent companies, affiliates, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of SBH&W or its employees, agents or representatives, or by any other person or persons. I further give my consent to SBH&W and its agents or employees to make arrangements with third parties for medical treatment or transportation to any emergency medical service, physicians, nurses, other medical personnel or hospitals that SBH&W and its agents or employees may select, in their sole discretion, and I agree that I will assume full responsibility for payment for such treatment and/or transportation.

If the member is under 18, the undersigned agrees that the member has the undersigned's permission to participate and use the SBH&W.

I acknowledge that I have carefully read and fully understand all of the provisions contained in this Waiver, Release of Liability, and Consent, and that I have freely and voluntarily chosen to agree to the same. I fully understand that this is a full and complete consent and release of any and all claims and that no additional consideration will be paid to me by any party hereby released.

Member/Participant Name (Printed)

Member/Participant Name (Signature)

Date

If the person participating at the St. Bernards Health & Wellness Institute is under the age of 18, a parent or legal guardian must provide a signature below indicating an understanding and agreement with all provisions of this Waiver, Release of Liability and Consent.

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian Name (Signature)

Date

SBH&W Team Member (Printed)

SBH&W Team Member (Signature)

Date



EXPRESS ASSUMPTION OF RISK FORM

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in the facilities, programs, services, and equipment, at St. Bernards Health & Wellness, herein referred to as SBH&W. I realize that my participation in the facilities programs, services, and equipment at SBH&W involved risks and injury, accidents, and even death. I also recognize that the injuries resulting from use of SBH&W's facilities, programs, services, and equipment could be seriously disabling, and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and in reasonable anticipation that other injuries and even death are a possibility, I hereby expressly assume risks of injury, and even risk of death, which could occur by reason of my participation.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in SBH&W facilities, programs, services, and equipment, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury or even death due to my participation.

Due to the answers on my health history form, a staff member at SBW&H has told me that I should obtain a release from my physician prior to using SBH&W facilities, programs, services, and equipment. Knowing this, and appreciating the fact that I have been advised by a staff member of SBH&W to obtain this physician release, I have decided to participate in activity and/or use of SBH&W facilities, programs, equipment, and services without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of SBH&W facilities, programs, equipment, and services, including all risks of injury or even death.

Member/Participant Initials _____

The participant or new member, for him or herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue SBH&W, it's officers and agents for all such claims, demands, injuries, death, damages or cause of action, with respect to use of SBH&W facilities, programs, services and equipment.

Noted Questions by Member/Participant and Answers Provide by SBH&W Team Member:

This is, as stated, a true and accurate record of what was asked and answered.

Member/Participant Name (Printed) Member/Participant Name (Signature) Date

If the person participating at St. Bernards Health & Wellness is under the age of 18, a parent or legal guardian must provide a signature below indicating an understanding and agreement with all provisions of this Waiver, Release of Liability and Consent.

Parent/Legal Guardian Name (Printed) Parent/Legal Guardian Name (Signature) Date

SBH&W Team Member (Printed) SBH&W Team Member (Signature) Date