

PRISMA HEALTH

MEMBERSHIP AGREEMENT

Life Center Membership Agreement

HOUSEHOLD – INDIVIDUALS ON THIS MEMBERSHIP

NAME (FIRST AND LAST, IF DIFFERENT)	BIRTHDATE	GENDER		KEY TAG NUMBER
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	__/__/__	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Employer: _____ (for corporate rates)

BANK DRAFT AUTHORIZATION

NAME OF CUSTOMER	BANK / CREDIT CARD INFORMATION
Name	Bank Transit Routing #
	and
	Depositor's Account #
	Credit Card Number
	and
	Credit Card Expiration

MAILING ADDRESS OF CUSTOMER (If different from address on the account)

Street	City	State
	Zip	

I authorize the Prisma Health Life Center to automatically debit my [] checking, [] savings account OR [] credit card for my monthly dues in the amount of \$_____. I understand that my monthly dues may increase pursuant to the terms of my membership agreement and I authorize the Life Center to increase the automatic debit amount after giving me written notice at least thirty (30) days in advance of the dues increase. It is understood that I may cancel this agreement by providing written notification to the Life Center at least thirty (30) days in advance of cancellation.

Signature of Depositor: _____ Date: ____ / ____ / ____
 Voided Check Attached

MEMBERSHIP AGREEMENT

MEMBERSHIP: The Life Center admits Member to membership in the Life Center and grants the Member the right to use the Life Center's facilities, subject to the terms and conditions in this agreement and the Rules and Regulations of the Life Center. Member understands that the bank draft, if that is the form of payment, is a continuous membership plan and will remain in effect for as long as the Member retains the membership card issued to them.

CHANGE IN METHOD OF PAYMENT: Member may change the method of payment to another approved payment option with thirty (30) days advance written notification to the Life Center

CORPORATE MEMBERSHIP: Member acknowledges that the Member's rate of monthly dues may be contingent upon Member's continued employment with a corporate member. Any change in Member's employment status (either due to Member's cessation of employment or corporate member's withdrawal from the program) may result in adjustment in Member's dues in the month following such event, without any advance notice from Life Center.

CHANGE IN DUES: Life Center reserves the right to increase the amount of dues payable per month at anytime provided. In the event that Life Center intends to implement such an increase, it shall give Member at least thirty (30) days prior written notice of the proposed increase.

EFFECT OF NONPAYMENT OF DUES AND CHARGES: Unless otherwise provided herein, Member is liable for payment of dues and charges so long as he/she is a Member. In the event that Life Center fails to receive payment when due and such payment is not received within thirty (30) days of the due date, the Member's right to use the Life Center facilities shall be suspended until such time as payment of all past dues amounts is received. Should any membership draft not be honored by my bank for any reason, the Member remains responsible for that payment plus a service fee applied by the Life Center. This is in addition to any service fees the Member's bank may charge.

CHANGE IN MEMBERSHIP: Member may request a change in membership classification to add or remove person (s) at any time. Member agrees to pay any additional initiation fee(s) and dues associated with the change request. Member must notify Life Center at least (30) days prior to a change in membership.

TERMINATION: (A) Member may terminate membership upon thirty (30) days written notice. Such termination shall be effective ONLY upon Member's surrender of membership card (s) and payment of all dues and charges owing to the Life Center through the date of termination. (B) Life Center may terminate a Member's membership for failure to pay dues when due, or failure to comply with Life Center Rules & Regulations. In the event of such termination Member shall remain liable for all dues and charges payable through the date of termination.

I HAVE READ THIS ENTIRE AGREEMENT AND THE LIFE CENTER POLICES OR HAVE HAD IT READ TO ME, AND I UNDERSTAND IT OR HAVE HAD IT ADEQUATELY EXPLAINED TO ME. BY SIGNING THIS AGREEMENT, I AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS CONTAINED HEREIN.

MEMBER SIGNATURE _____ DATE ____/____/____

MEMBER'S PRINTED NAME _____

WITNESS _____ DATE ____/____/____

PRISMA

HEALTH

Life Center

Health History & Code of Conduct

Name: _____

Gender: Male Female D.O.B: ____/____/____ Age: ____ Height: ____ Weight: ____

Address: _____ City/State/Zip Code: _____

Phone - Home: _____ Work: _____ Cell: _____

E-mail address: _____

In case of emergency, contact: _____ Phone: _____

Doctor's name: _____ Phone: _____

Date of last physical: ____/____/____ Date of Stress Test: (if performed) ____/____/____

Have you ever been a member of the Life Center before? Yes No Referred by: _____

Medical History and Current Symptoms (do you now or have you had in the past)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart problems: heart attack, bypass, angioplasty, stent, angina
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart failure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke or TIA
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blockage in artery to: legs, neck or kidney
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chest pain, heaviness, tightness or burning (angina)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dizziness or fainting (syncope)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unusual fatigue or shortness of breath (dyspnea) at rest or with normal activity
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pain or tightness in hips or calves with walking (claudication)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes. If yes, what type:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizure disorder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breathing or lung problems
Other Symptoms (please answer all questions)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnancy (now or within the last 3 months)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent surgery or any other condition that might hinder you from exercise
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thyroid problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle, joint or back problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental/nervous disorder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current tobacco usage, or quit within the last 6 months
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High blood pressure (140/90 or higher) or taking medicine to lower blood pressure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High blood cholesterol (240 or higher) or taking medicine to lower cholesterol level
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family history of early heart disease (father/mother/brother/sister before age 60)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Excess Weight ("20 extra pounds" especially around the waist)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other symptoms not listed:

Medicines: Dose and how often (list all medicines including herbal products, etc.)

1.	4.	7.
2.	5.	8.

3.	6.	9.
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Any allergies (list drug/food/latex, etc.): _____

Physical activities I enjoy are _____

My health goal(s) is/are _____

Your signature below authorizes a Life Center staff member to obtain a medical clearance from your physician if you have diagnosed heart problems, diabetes, metabolic disorders, respiratory problems or any other significant risk factors, before you engage in exercise program(s). **It is your responsibility to update this form on a yearly basis and to notify a Life Center staff of any changes.**

⇒ Signature _____ Date _____

Code of Conduct

The Life Center Health & Conditioning Club (also referred to as Life Center) strives to provide a safe and enjoyable environment to all our members and guests. Respectful and mature behavior is expected at all times. Inappropriate behavior may result in suspension or termination of membership privileges. Management reserves the right to terminate members for non-payment of membership dues, for inappropriate behavior or other reason as determined in the sole discretion of the Life Center Health & Conditioning Club staff. To ensure the comfort and safety of everyone, we have set forth the following expectations for all individuals who use the facility.

Behaviors that violate the Life Center Health & Conditioning Club include, but are not limited to:

- Any acts of violence;
- Any illegal activity;
- Smoking or illegal drug use in or outside the Life Center Health & Conditioning Club property;
- Use of vulgar or inappropriate language, swearing, name-calling or shouting;
- Harassment or intimidation by words, gestures, body movement or behavior;
- Possession of any item(s) that could be viewed, in the sole discretion of Life Center staff, as a weapon or as a threat to others;
- Careless use, disregard or destruction of the Life Center Health & Conditioning Club property or the property of others;
- Usage of the Life Center Health & Conditioning Club facility while under the influence of alcohol or illegal drugs; and
- Disrespect or disregard for the persons or property of others.

Waiver, Hold Harmless and Release from Liability

I understand that there is risk of injury associated with participation in any fitness program, including use of the LIFE CENTER facilities. In consideration of being accepted as a Member of the LIFE CENTER, and being permitted to participate in the LIFE CENTER programs and activities, I agree to waive, release and hold harmless the LIFE CENTER, the Prisma Health, its Board of Trustees and their agents, servants and employees from all claims, liability, demands, rights and causes of action present or future, including medical bills, fees, or expenses, whether known, anticipated or unanticipated, whether or not relating to the negligence of any officer, employee, or agent of the LIFE CENTER or Prisma Health, and whether or not resulting from, arising out of, or incident to my use of, presence at, or membership in the LIFE CENTER Health & Conditioning Club.

I HAVE READ THIS ENTIRE DOCUMENT OR HAVE HAD IT READ TO ME, AND I UNDERSTAND IT OR HAVE HAD IT ADEQUATELY EXPLAINED TO ME. BY SIGNING THIS DOCUMENT, I AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS CONTAINED HEREIN ALONG WITH ALL LIFE CENTER POLICIES & PROCEDURES STATED IN THE MEMBER GUIDELINES THAT I RECEIVED UPON REGISTRATION.

⇒ Signature _____ Date ____/____/____

Printed Name _____ Date ____/____/____

Witness _____ Date ____/____/____