

# Audubon County Memorial Hospital

515 Pacific Avenue Audubon, Iowa 50025

Phone (712) 563-2611

Fax (712) 563-3078

## Fitness Center

### Membership Agreement

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Names of Family Members included in membership, if any (include your name on this list also):

_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____

This is your agreement to become a member of the Audubon County Memorial Hospital Fitness Center. As used in this agreement, the words “you” and “your” mean the MEMBER signing this contract, and the words “Fitness Center”, “us”, and “our” mean the Audubon County Memorial Hospital Fitness Center. Upon acceptance, you will be entitled to use the Fitness Center facilities and equipment subject to this agreement. You understand that your membership is not an equity or ownership investment in the Fitness Center. **PLEASE READ THIS AGREEMENT CAREFULLY.** If you agree to be bound by it, please sign it.

#### 1. Membership Requirements:

All applicants for membership to the Fitness Center must complete and satisfy all requirements of active membership before participation in any program may begin. To be completed: Membership Agreement, Health Risk Profile, Safety/Equipment Orientation and payment of membership fees.

#### 2. Membership types:

Individual Individual 14 years of age or older, parental consent is required for individuals under 18 year of age.

Family Husband, wife, and dependent children age 12-21. Parental supervision required for children 12 –13 years of age. Children under 12 are not allowed.

Senior Individual Individual 60 years of age or older.

Senior Family Two individuals, one of whom is at least 60 years of age or older living in the same household.

**3. Membership Term and Fees:**

	<u>Monthly</u>	<u>Biannually</u>	<u>Annually</u>
Individual/Family	\$20.00	\$95.00	\$165.00
Senior individual/ Family	\$15.00	\$75.00	\$125.00

- One calendar year begins with date of application completion.
- All memberships must be paid in full.
- An “expiration” notice will be sent to all members at their membership term.

**4. Facilities and Equipment:**

The Fitness Center retains the right to determine the days and hours during which the Fitness Center facilities will be available to members and the equipment and services that will be offered. You understand that the Fitness Center may change these. Scheduled Physical Therapy patients will have first priority in the use of the Fitness Centers equipment.

**5. Refunds:**

No refunds will be given on one month or bi-annual memberships. Refunds will be given for annual memberships for the following reasons only: (1) Medical-a written statement from physician for individual to stop exercise and (2) Change of residence-further than a 50 mile radius from the Fitness Center. Refund will not be more than one half of membership remaining rounded to the nearest quarter.

**6. Termination of Membership:**

Fitness Center reserves the right to terminate membership due to non-payment of membership fees, or failure to comply with the Rules and Regulations set forth by the Fitness Center. If membership is terminated for non-payment, the remaining balance must be paid in full prior to future renewal of membership.

**7. Agreement and Release of Liability:**

I release, waive, discharge and covenant not to sue the Audubon County Memorial Hospital and their representatives, agents, officials and volunteers (the “releasees”) from all liability for any and all damage or loss, and any claim or demand, on account of injury to my person and/or any such activity, or use of the equipment. I further agree to indemnify and hold harmless the releasees identifies above from any and all loss, liability, damage or cost that may occur as a result of my participation in any such activity or use of the equipment. \_\_\_\_\_ **(Please initial)**

I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. \_\_\_\_\_ **(Please initial)**

I understand and am aware that strength, flexibility and aerobic exercises, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or illness and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or illness. \_\_\_\_\_ **(Please initial)**

## Health Risk Profile/Physician Permission

I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the activities or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in activities or use of equipment at the Fitness Center.

\_\_\_\_\_ (Please initial)

### **I HAVE READ AND UNDERSTAND THE TERMS OF THIS MEMBERSHIP AGREEMENT.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Parent or Guardian if member is under 18 years

\_\_\_\_\_  
Date

Our child(ren), age 12 and above, may participate as a member of Audubon County Memorial Hospital Fitness Center

\_\_\_\_\_  
Second Membership Signature (if family membership)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness by ACMH Representative

\_\_\_\_\_  
Date

**Audubon County Memorial Hospital**  
**Fitness Center**  
**(712) 563-2611**

**MEMBERS RULES, POLICIES, AND PROCEDURES**

GENERAL RULES:

1. All members will be oriented to equipment on or before the first visit. Please call 563-5314 between the hours of 8:00 am and 5:00 pm.
2. All members must sign a waiver of liability before using the facility.
3. All members are encouraged to consult with their attending physician before beginning an exercise program.
4. Physical Therapy patients have priority on the use of equipment.
5. All members are to sign in on the daily registration sheet.
6. Recommended entrance to the Fitness Center is via the Life Fitness Center door.
7. Hours are 5:30 am until 9:00 pm but are subject to change. Please be finished with your workout by 9:00 pm.
8. All signs posted in the Fitness Center shall be considered as part of the rules and regulations.
9. The stereo/TV is available for all members' use but the volume and choice will be controlled by staff. You may use your own headsets if you desire.
10. Any member who may conduct himself/herself in an unbecoming manner or who is cited for infraction of rules and regulations may be suspended or expelled from the Fitness Center. In the event of termination, the unused portion of any payment shall be forfeited to the Fitness Center.
11. There will be no smoking or chewing of tobacco products in the facility.
12. No food or beverage is allowed by the exercise equipment.
13. No street shoes are to be worn on the equipment.
14. There will be no children under the age of 12 allowed on the exercise equipment. An adult must accompany anyone between the ages of 12 and 13. At ages 14 through 17 years old, they can exercise on their own but with parental permission. They must conduct themselves in an appropriate manner. Any infractions will be subject to discipline as in rule #10.