

Silver & Fit

Renew Active/One Pass



NEW MEMBER REGISTRATION



Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Physician _____ Height: _____ Weight: _____ Gender: Male / Female

Employer: _____

Is there anything regarding your health that Midwest Physical Therapy and Fitness Center should be aware of?

Do you have pain or an injury you would like to speak with a physical therapist about? Y/N

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program.

Policies, Procedures & Guidelines

1. There is a 30-minute limit on cardiovascular equipment when someone is waiting. Allow others to work in between sets.
2. Proper attire, including shirts, must be worn at all times. **Separate, clean, non-marking gym shoes are required.** Please do not wear shoes worn outdoors that could carry in dirt and salt.
3. Spotters are recommended in the free weight area. Please return free weights and dumb bells to rack after use.
4. All beverages must be contained in a covered sport bottle only.
5. Please clean off machines after use.
6. Cursing and foul language will not be tolerated. You may be asked to leave, or if the problem persists, lose your membership.
7. Do not bring valuables into the center. We will not be responsible for lost or stolen articles.
8. In order to accommodate the needs of all patrons, the radio station will be programmed for "middle of the road" music. If your taste tends to run to the extreme end of the spectrum, please feel free to bring your own headsets while working out. Volume levels will be kept quieter during business hours.
9. Any misuse of equipment, abuse of premises, vandalism or loitering will **NOT** be tolerated. Any inappropriate actions will result in immediate termination of membership with no refunds or relief of prior payments.
10. No children 11 years old and under are permitted in the Fitness Center waiting area or designated Fitness Center areas/rooms.

New Member Agreement

1. I understand that by joining Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center to use its facilities and participate in its programs, I do hereby waive, release, and forever discharge Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center and its officers, employees, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act of omission of any of those mentioned or others acting on their behalf connected with my participation in any activities or equipment use at Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center.
2. I understand and am aware that strength and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center or use of the equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to a physical activity, exercise, and use of exercise equipment so that I might gain recommendations concerning fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities and use of equipment at Midwest Physical Therapy and Fitness Center and/or Bloomer Area Aquatic & Recreation Center.

I have read the Policies, Procedures, and Guidelines and New Member Agreement for Midwest Physical Therapy & Fitness Center and/or Bloomer Area Aquatic & Recreation Center and agree to abide by them.

Signature

Date

Guardian Signature if under 18 years of age

Date