

Participant Information

Use the legal name and billing address that is on file with your insurance company.

First Name

Last Name

Preferred Name

Date of Birth

Phone Number

Email Address

Billing Address

City

State

Zip Code

Emergency Contact

Phone Number

Health Plan Member ID: _____

RenewActive only

Fitness ID Number : _____ Fob



BETSIE HOSICK HEALTH & FITNESS CENTER

 **MUNSON HEALTHCARE** Paul Oliver Memorial Hospital

BETSIE HOSICK HEALTH AND FITNESS CENTER WAIVERS

Liability Waiver:

As a user of the Paul Oliver Memorial Hospital’s Betsie Hosick Health and Fitness Center (BHHFC), I recognize that a fitness program and the use of the exercise equipment and other facilities provided by the fitness center entail risk of accidental injury or death. I hereby, on behalf of myself, my heirs, my executors and administrators, covenant and agree to release, indemnify and hold harmless BHHFC, its owners, employees, contractors and agents, along with any personal trainer or fitness class instructor utilizing BHHFC, from any and all losses, cost, claims, damages, injuries, thefts or liabilities, whatsoever, whether or not based on negligence, strict liability or other theory of contract or tort, arising out of or in any way connected with my participation. I acknowledge to the best of my ability that I am in good health and have no known medical problems that would restrict my ability to participate in exercising (or, if I have any conditions that would limit my participation, I will so limit) and understand I should consult a physician before engaging in any exercise program. I take full responsibility for my own welfare and decision to participate in any fitness or exercise activity associated with BHHFC including, but not limited to, exercising on premises, participating in any exercise class either at BHHFC or livestreamed or otherwise provided by remotely by BHHFC, or otherwise performed in conjunction with BHHFC. I understand and agree that BHHFC may require proof of physician clearance prior to participating in BHHFC programming. I acknowledge and agree to abide by the rules and regulations of BHHFC as they are in effect now or as they may be amended. If I am applying for a membership at BHHFC, I hereby agree to and accept the terms and conditions of the membership agreement, including any terms and conditions of membership presented to me. I do hereby allow the BHHFC to use any photographs or video taken of me at BHHFC to be used in informational publications, advertising or media released to the general public.

“Constant adult supervision” is defined as having a line of sight on your children at all times.

- Parents are responsible for proper use of equipment and any damages that occur.
- All youth using the facility must have a fitness center membership or pay a day rate.
- Youth 14 and under may not be left unattended anywhere in the facility and are encouraged to use the restroom in the lobby vs. the locker room. All rules must be observed and the equipment used properly to maintain privileges.
- To guarantee availability, call ahead to reserve the basketball and/or racquetball court.
- Youth Younger than 5 Years Old Under constant adult supervision, youth may use the basketball and racquetball courts.
- Youth 5 Years – 11 Years Old Under constant adult supervision, youth may use the basketball and racquetball courts, or participate in scheduled classes with an adult.
- Youth 12 Years - 14 Years Old Under constant adult supervision, youth may use the facility, including the appropriate cardio, machine weights, basketball and racquetball courts (No free weight area access). They may participate in group fitness classes with an adult.
- Parents are responsible for ensuring safe and proper use of equipment.
- Youth 15 Years - 17 Years Old Youth 15 years and older may use the facility, including cardio, weight machines, free weights, basketball and racquetball courts, and group fitness classes. While direct parental supervision is not required, parents are responsible for the behavior of their children while at the facility.

By signing this policy, you agree to the Terms and Conditions above.

Signature _____ Date_____