



Vernon Memorial Healthcare

Wellness Center

Member Information

Name _____ Date of Birth _____

Membership Type: _____ Enrollment Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Name of Primary Physician: _____

Physician Phone Number: _____ Fax Number: _____

Clinic or Hospital: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone: _____

Alternate Name: _____ Relationship: _____

Address: _____ Phone: _____

Please initial the following:

_____ In the event of an emergency, and in case the person named above cannot be reached, I authorize the bearer of this form to allow Vernon Memorial Healthcare emergency personnel to direct any and all necessary medical care for myself.

_____ I hereby authorize the VMH Wellness Center and VMH Marketing Departments to photograph/video record me (or my dependent) and use my personal identity (or my dependent's). The photos or information obtained through interviews may be used by Vernon Memorial Healthcare or by any other media agencies consistent with the normal practices of the Departments listed above for an unlimited period of time.

_____ VMH Wellness is authorized to make monthly withdrawals (EFTs) from my account as listed for the payment of any fees for group exercise classes, personal training or monthly membership dues. Payments will not be stopped until notified in writing of cancellation. Memberships may be cancelled in the following situations: moves outside a 25 mile radius of VMH Wellness Center facility; death of a membership holders; extreme financial hardship, loss of employment or inability to work because of an injury or illness.

INFORMED CONSENT FOR EXERCISE PROGRAM PARTICIPANTS

I hereby consent to voluntarily engage in an exercise program offered through the Wellness Center at Vernon Memorial Healthcare. I understand that I may be questioned by the Wellness Center staff about my health status, and I agree to provide information relating to all medications, treatments, physical impediments, and medical conditions before participating. I certify that the information I provide to the VMH Wellness Center’s staff about my health and exercise history and current health status is, to the best of my knowledge, complete and accurate. I agree to inform the Wellness Center’s staff in the event of any change in my health or medical status.

I realize it is generally recommended that all adults consult with a physician before starting a physical activity program. I further understand that the Wellness Center staff may, based upon my responses to a pre-participation health history form, require that I consult with and obtain recommendations from a physician before participating or engaging in exercise activity. I understand I may be required to complete and submit a “Physician Referral” form, on which my Physician may provide recommendations to the Wellness Center’s staff. I take full and entire responsibility for that decision and for any outcomes related to that decision.

I understand that the information obtained from the evaluation and through other program activities will be treated by the VMH Wellness Center’s staff as confidential, and will not be revealed or released to any other person, except authorized personnel for the Wellness Center and my Physician. I also authorize the VMH Wellness Center staff to release periodic reports to my physician regarding my participation in the program, as well as the progress I am making. I agree to allow the Wellness Center staff to call me at home or at work in the event that they need to contact me for any reason including change in appointment time, Wellness Center closing, etc. The information obtained, however, may be used for statistical or scientific purposes with my right to privacy retained.

Signed _____ Date _____
Participant

WAIVER AND RELEASE OF LIABILITY

The VMH Wellness Center urges you and all members to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise program. All exercises, including the use of free weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the member’s sole risk. Member understands that the agreement to use or the selection of exercise programs, methods and types of equipment shall be member’s entire responsibility. The VMH Wellness Center shall not be liable to the member for any claims, demands, injuries, damages, or actions arising due to injury to member’s person or property arising out of or in connection with the use by member of the services, facilities, and premises of the VMH Wellness Center, their representatives, successors, assignees, employees, and program sponsors harmless for all claims which may be brought against them by member or on member’s behalf for any such injuries or claims.

Signed _____ Date _____
Participant

Signed _____ Date _____
Wellness Center Staff