

NEW MEMBER APPLICATION PACKET

Thank you for your interest in Mariners Wellness Center!

Attached are the **membership application forms**. The forms are designed to identify your health risks, determine your potential for exercise-related injury, evaluate your current lifestyle habits, and provide information to you about our facility and program guidelines. The information will help the Wellness Center staff to develop a program for you that is safe and effective, and it will remain confidential between you and the staff that is involved in your program.

Once you complete the forms, you will need to schedule your new member appointments by calling **305-434-3700** or stopping by our front desk.

The first appointment is the **Fitness Assessment**, during which an exercise physiologist will measure your resting blood pressure and heart rate, body composition, blood cholesterol and glucose, flexibility, strength and endurance. A one-on-one consultation to discuss the results of your assessment and your specific fitness goals occurs after the testing. Please come dressed to exercise for this appointment. Also, you will need to have nothing to eat or drink for eight hours before your appointment (except water or black coffee). This appointment will last approximately 60 minutes.

The second appointment is the **Initial Workout**, during which our exercise staff will review the exercise prescription, take you through your workout, determine appropriate machine settings, show proper technique, and explain how to use the workout logs. Please come dressed to exercise for this appointment. This appointment will last approximately 60 minutes.

If you have any other questions or concerns, please do not hesitate to contact any of the Wellness Center staff members.



**Mariners
Wellness Center**



Mariners Wellness Center

Membership Information

Name _____ Home Phone _____

Mailing Address _____ Work Phone _____

City _____ State ____ Zip _____ Cell Phone _____

Employer _____ Email _____

Occupation _____ Primary Physician _____

Emergency Contact Name _____ Date of Birth ____/____/____

Emergency Contact Phone _____ Gender MALE FEMALE

Pre-participation Screening: Health History Questionnaire

Please put a checkmark in the box if the statement applies to you.

Heart History

You have had:

- Heart attack
- Heart surgery
- Cardiac catheterization
- Heart Valve Disease
- Coronary angioplasty (PTCA)
- Pacemaker or implantable cardiac defibrillator
- Stroke
- Rhythm disturbance
- Heart failure
- Heart transplant
- Congenital heart disease

Other Health Issues

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.
- You have diabetes.
- You have lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You are pregnant.

If you check marked ONE OR MORE of these statements, you must have your physician fill out our medical clearance form, PRIOR to beginning exercise or your health and fitness assessment at Mariners Wellness Center.

Cardiovascular Risk Factors

- You are a man age 45 years or older.
- You are a woman age 55 years or older, had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure at rest has been over 140/90 on multiple occasions.
- You take blood pressure medication.
- Your blood cholesterol level is over 200 mg/dL.
- You have a father or brother who had a heart attack or heart surgery before age 55.
- You have a mother or sister who had a heart attack or heart surgery before age 65.
- You are physically inactive (i.e., less than 30 minutes of exercise on at least 3 days per week).
- Your body mass index (BMI) score is 30 kg/m² or more.

If you check marked TWO OR MORE of these statements, you must have your physician fill out our medical clearance form, PRIOR to beginning exercise or your health and fitness assessment at Mariners Wellness Center.

Please note: If your health changes so that you have to check mark any of the above statements, you must immediately tell Mariners Wellness Center in writing of the changes.

By signing below, I am certifying that I have read, understood and completed this questionnaire, and all other information contained in this application. All information is true to my full satisfaction.

PARTICIPANT'S SIGNATURE

DATE



Health History Questionnaire

Name _____

Today's Date _____

Date of Birth ____/____/____

Age ____

This information also helps Mariners Wellness Center staff to safely design an appropriate exercise program for you. All information will be kept confidential. Please check all that apply.

PAST HISTORY AND/OR PRESENT SYMPTOMS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Cancer | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Chest pain/discomfort | <input type="checkbox"/> Anemia | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Pulmonary disease | <input type="checkbox"/> Bleeding/clotting disorder | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Alzheimer's disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Kidney or liver disease | <input type="checkbox"/> Hernia | <input type="checkbox"/> Deaf or hard-of-hearing |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke or brain injury | <input type="checkbox"/> Visually impaired |

Please list all **medications** you are currently taking, and the reason for the medication:

MEDICATION	REASON
_____	_____
_____	_____
_____	_____

Please list **recent hospitalizations** (including dates):

YEAR	DESCRIPTION
_____	_____
_____	_____
_____	_____

Please list other **medical problems or concerns** not already identified (including sprains, muscular injuries, pains, stiffness, limitations in range of movement, back problems, or other persistent difficulties).

YEAR	DESCRIPTION
_____	_____
_____	_____
_____	_____



Mariners Wellness Center

Health History Questionnaire

Are you currently following a weight reduction diet plan? Yes No

If so, for how long? _____ months Is this plan prescribed by your doctor or dietitian? Yes No

Have you used a weight reduction diet plan in the past? Yes No

Are you interested in our weight management services? Yes No

What is your current daily activity level?

Sedentary Light Moderate Vigorous

Do you currently engage in **vigorous physical activity** on a regular basis? Yes No

If so, what type? _____

How often? _____ days per week How much time? _____ minutes per day

Do you engage in any **recreational physical activities** on a regular basis? Yes No

If so, what type? _____

How often? _____ times per week How much time? _____ minutes per session

Have you exercised in a fitness/wellness center previously? Yes No

What is your knowledge level of fitness guidelines? None Limited Basic Advanced

Do you want our exercise staff to show you an exercise routine? Yes No

Are you interested in our personal training services? Yes No

What are your specific **fitness goals**? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Improve strength/muscle tone/mass |
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Sports conditioning |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Other _____ |

What are your specific **health goals**? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Stop smoking |
| <input type="checkbox"/> Improve nutritional habits | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Control blood pressure | <input type="checkbox"/> Feel better overall |
| <input type="checkbox"/> Control cholesterol | <input type="checkbox"/> Other _____ |

What **motivated you to join** Mariners Wellness Center? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> Medical reasons |
| <input type="checkbox"/> Convenient hours | <input type="checkbox"/> Was a guest here |
| <input type="checkbox"/> Doctor recommendation | <input type="checkbox"/> Discount on membership |
| <input type="checkbox"/> To support family or friend | <input type="checkbox"/> Other _____ |

INFORMED CONSENT FOR EXERCISE PARTICIPATION AND AGREEMENT AND RELEASE OF LIABILITY

You are required to read and sign this informed consent form as a condition of your membership at Mariners Wellness Center. Your understanding of the following informed consent agreement is important to help ensure your health and safety as a member of Mariners Wellness Center. Through reading this form, you may become familiarized with some of the benefits and potential risks involved in engaging in a physical fitness program.

If at any time during your membership your health status changes or you have a change in prescription medications you are taking, it is your responsibility to notify Mariners Wellness Center in writing as soon as possible, prior to your continued use of the Mariners Wellness Center programs, facilities, and equipment.

1. PURPOSE AND EXPLANATION

I hereby consent to voluntarily engage in an acceptable plan of exercise conditioning. I also give consent to be placed in program activities that are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress reduction, and health education activities. The levels of exercise I will perform will be based upon my cardiorespiratory fitness as determined through my recent graded exercise evaluation. I will be given exact instructions regarding the amount and kind of exercise I should do. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to use of these. I will be given the opportunity for periodic assessment with evaluations at 12 month intervals after the start of my program.

I accept responsibility in monitoring my own condition during physical activity and should unusual symptoms occur, such as dizziness, chest discomfort, or nausea, I should cease participation and obtain appropriate help, if necessary. I understand that any medical bills that I may incur as a result of my use of the Mariners Wellness Center programs, facilities, and equipment are my sole responsibility. If I have a temporary illness, such as a common cold, or are otherwise not feeling well at any time, I have been advised to restrict my use of the Mariners Wellness Center programs, facilities, and equipment. In the event that medical clearance must be obtained prior to joining Mariners Wellness Center, I agree to consult my physician and obtain written permission from my physician preceding my use of Mariners Wellness Center programs, facilities, and equipment.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop. I have been given an opportunity to ask certain questions as to the procedures of this program. Generally these requests have been noted by the interviewing staff member.

2. RISKS

Each person has a different capacity and the responses of the heart, lungs, and cardiorespiratory system to exercise cannot always be predicted with accuracy. In addition, if adequate warm-up, gradual progression, and safety procedures are not followed, musculoskeletal injury and pain could result. I have been told that every effort will be made to minimize these occurrences by proper staff assessment, by staff supervision during exercise, and by my own careful control of exercise efforts.

I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, or even death as a result of my exercise, but knowing those risks, it is my desire to participate as herein indicated.

I understand and have been informed that there exists the remote possibility during exercise of adverse changes. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack and death. I understand and am aware that strength, flexibility, and cardiovascular exercise, including the use of equipment, is a potentially hazardous activity, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to:

- Learn proper ways to perform conditioning exercises
- Use fitness equipment
- Regulate physical effort

These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, I will likely improve my exercise capacity after a period of three to six months. As a member of Mariners Wellness Center and through participation in its programs and use of its facilities, you are provided the opportunity to build the cardiorespiratory system, the musculoskeletal system, and to improve body composition. Furthermore, participation in a regular exercise program could be beneficial in decreasing risk of heart disease, enhancing psychological functioning, and improving blood pressure.

INITIALS _____



**INFORMED CONSENT FOR EXERCISE PARTICIPATION
AND AGREEMENT AND RELEASE OF LIABILITY**

4. RELEASE OF RESPONSIBILITY OR LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of Mariners Wellness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Mariners Wellness Center and its officers, agents, employees, representatives, executors and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities. I also do 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 the negligent act or omission of any of those mentioned or other acting on their behalf or in any way arising out of or connected with my participation in any activities at Mariners Wellness Center or the use of any equipment at Mariners Wellness Center.

5. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research or statistical purposes so long it does not identify me or provide facts that could lead to my identification. Any other information obtained, however, will be used only by the Mariners Wellness Center staff in the course of prescribing exercise for me and evaluating my progress in the program.

6. STATEMENT OF VOLUNTARY DESIRE TO PARTICIPATE

I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity, or illness that would prevent my participation in any of the activities and programs of Mariners Wellness Center or use its facilities, equipment, and 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 yearly or more frequent physical examinations and consultations with my physician because my physical activity, exercise, and use of exercise equipment and machinery so that I might have recommendations concerning my participation in fitness activities and use of the equipment. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate in the activities and/or use of equipment with the approval of my physician and do hereby assume all responsibility for my participation.

I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks have not been provided to me, I still desire to participate. I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same. I consent to the rendition of all services and procedures as explained herein by all Mariners Wellness Center personnel.

PARTICIPANT'S NAME (PRINT)

PARTICIPANT'S SIGNATURE

DATE

STAFF SIGNATURE

DATE



**INFORMED CONSENT FOR EXERCISE TESTING
OF APPARENTLY HEALTHY ADULTS (without known or suspected heart disease)**

1. PURPOSE AND EXPLANATION OF TEST

I hereby consent to voluntarily engage in a sub maximal exercise test to determine my circulatory and respiratory fitness. I also consent to have a small blood sample drawn from my finger for blood chemistry analysis and to have the following tests performed:

- Height and weight measurement for body mass index
- Skin fold measurements for body fat percentage
- Waist and hip measurements for body fat distribution
- Sit-and-reach measurements for flexibility
- Chest press and leg press for upper and lower body strength

It is my understanding that the information obtained will help me evaluate future physical activities in which I may engage. I understand that these tests will be done at Mariners Wellness Center by a Mariners Hospital staff member.

Before I undergo these tests, I certify to Mariners Wellness Center that I am in good health and have had a physical examination conducted by a licensed medical physician within the last _____ months. Further, I hereby represent and inform the program that I have completed the health history questionnaire and physical activity readiness questionnaire presented to me by the Mariners Wellness Center staff, and have provided correct responses to the questions as indicated on these forms. It is my understanding that I will be interviewed to determine if there is any reason(s) which would make it undesirable or unsafe for me to take the test. Consequently, I understand that it is important that I provide complete and accurate responses to the staff member and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test.

The test I undergo will be performed on a motor-driven treadmill with the amount of effort gradually increasing. As I understand it, this increase in effort will continue until I feel and verbally report to the operator any symptoms such as, but not limited to:

- Unusual discomfort or fatigue
- Shortness of breath
- Chest discomfort

This will also stop if I reach the predetermined target heart rate or respond to a level of "very hard" on the rate of perceived exertion chart. It is my understanding and I have been clearly advised that it is my right to request that a test be stopped at any point and that I should immediately upon experiencing any such symptoms, or if I so choose, inform the operator that I wish to stop the test at that or any other point. My wishes in this regard shall be absolutely carried out.

2. RISKS

I understand and have been informed that there exists the possibility of adverse changes during the actual test. I have been informed that these changes could include the following:

- Abnormal blood pressure
- Fainting
- Disorders of heart rhythm

And very rare instances of:

- Stroke
- Heart attack
- Death

I have been told that every effort will be made to minimize these occurrences by preliminary examination and by precautions and observations taken during the test. I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, or even death as a result of my performance of this test, but knowing those risks, it is my desire to proceed to take the test as herein indicated.

3. BENEFITS TO BE EXPECTED AND AVAILABLE ALTERNATIVES TO THE EXERCISE TESTING PROCEDURE

The results of these tests may or may not benefit me. Potential benefits relate mainly to my personal motives for taking the test, such as:

- Knowing my exercise capacity in relation to the general population
- Understanding my fitness level for certain sports and recreational activities
- Planning my physical conditioning program
- Evaluating the effect of my recent activity habits

Although my fitness might also be evaluated by alternative means, for example, a bench step test or an outdoor running test, such tests do not provide as accurate a fitness assessment as the treadmill test nor do those options allow equally effective monitoring of my responses.

INITIALS _____



**INFORMED CONSENT FOR EXERCISE TESTING
OF APPARENTLY HEALTHY ADULTS (without known or suspected heart disease)**

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information obtained in these exercise tests will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research or statistical purposes so long as same does not provide facts that could lead to my identification. Any other information obtained, however, will be used only by the Mariners Wellness Center staff to evaluate my exercise status of needs.

5. INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask certain questions as to the procedures. Generally these requests, which have been noted by the testing staff, and their responses are as follows:

I further understand that there are also other remote risks that may be associated with these procedures. Despite the fact that a complete accounting of all these remote risks have not been provided to me, I still desire to proceed with the testing.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all Mariners Wellness Center personnel.

PARTICIPANT'S SIGNATURE

DATE

PARTICIPANT'S NAME (PRINT)

WITNESS'S SIGNATURE

DATE

TEST SUPERVISOR'S SIGNATURE

DATE

Member Guidelines

It is our hope that every member can get the maximum benefit from membership at Mariners Wellness Center and our policies are established to help make that happen. This packet highlights the key policies, rules and regulations of the Center and is not meant to be a complete list of all member and guest policies. From time to time, policies will be subject to change by the Center at its sole discretion.

1. MEMBER CHECK-IN

All members are required to check in at the front desk with your Mariners Wellness Center ID tag each time you visit the Center. All members must have their photograph taken for security purposes.

2. GUESTS

Members are invited to bring a guest to the Center for no charge one time. All subsequent visits by that person will be charged the daily or weekly fee. Current paperwork completed within the last 12 months must be on file, including the Guest Information form, PAR-Q, and Physician Clearance form (if needed). All guests must provide their name and photo ID to the front desk staff each time they use the Center.

3. AGE REQUIREMENTS

Persons of age 12 or under will not be allowed to use the Wellness Center. Persons of age 13, 14 or 15 years old may use the Wellness Center under direct supervision of their parent/guardian. Persons of age 16 or 17 years old may use the Wellness Center as an individual public member. For any person under age 18, all forms, including the Informed Consent for Minors, must be completed prior to using the Center.

4. MEMBER CONDUCT

In order to ensure the safety and enjoyment of all members, the Center has established a code of conduct for its members and guests. In certain instances when a person's behavior threatens safety or causes harm, discomfort or disruption to members, guests, or staff, the Center reserves the right to suspend, terminate, or expel that individual. Specific infractions include, but are not limited to: fighting, violent or abusive behavior, use of offensive or abusive language, unauthorized solicitation and/or distribution, theft or damage of Center property, use of tobacco/smoking products, and use of alcohol or illegal drugs.

5. MEMBER ETIQUETTE

Please be courteous to other members and guests to maintain a comfortable setting for everyone.

- Proper Attire: Athletic shoes are required in the Center. No open-toed shoes or sandals will be allowed. Please wear appropriate, modest clothing. During yoga and tai chi classes, members may remove their shoes only during class and while in the Group Exercise Room.
- Fitness Room: Wipe down equipment when finished. If others are waiting for cardiovascular equipment, please limit use to 20 minutes. If performing multiple sets on strength training equipment, allow others to work in (share) during rest periods between sets. If using heavy free weights, please ask for a spotter. Please re-rack free weights when finished. We also require all members to use the antibacterial wipes provided for you after using our equipment
- Professional Instruction: For your safety, only Mariners Wellness Center staff can prescribe, instruct, or supervise exercise. No outside trainers or instructors are permitted to offer services in the Center. Before using unfamiliar equipment or performing unfamiliar exercises, ask a staff member for proper instruction.
- Food and Drink: For the convenience of our members and guests, healthy snack food and drinks are available for purchase and are located in the front lobby. Only bottled water and sports drinks in spill-proof non-glass containers are permitted in the Fitness Room and Group Exercise Room. All food and coffee must be kept in the front lobby.
- Cell Phone Usage: A courtesy phone is located in the front lobby to make calls. Cell phones may only be used in the front lobby and are not permitted in the exercise areas or locker rooms. Cell phone ringers must be kept on silent mode in all areas of the Center.
- Perfumes and colognes: Please refrain from wearing strong perfume and colognes in the Center.

Member Guidelines

6. LOST AND FOUND

As a courtesy to our members, we will hold any personal items found, or turned in to staff, for a period of up to one month. After this time, any items that remain unclaimed will be donated to charity. Mariners Wellness Center is not responsible for lost or stolen items, or items that are turned in and subsequently donated, after the one month holding period. We strongly discourage bringing valuables into the Center.

7. TOWEL SERVICE

For your convenience, workout towels are offered to members and guests and are located in the locker rooms and in the main hallway. Please put towels in the towel bins when finished.

8. LOCKER ROOMS

Lockers are for day use only. If you wish to lock a locker, bring your own padlock and remove it when you are finished. All locks left overnight will be cut off and the locker's contents will be removed and placed in lost and found.

9. EQUIPMENT MAINTENANCE

Occasionally, exercise equipment may be marked out-of-service. When this occurs, please ask a Wellness Center staff member to recommend alternate exercises. If you notice a problem with a piece of equipment, please inform a staff member.

10. GROUP EXERCISE CLASSES

Mariners Wellness Center offers a wide variety of group exercise classes at no additional charge for members. Schedules will be posted near the front desk and on our website (www.baptisthealth.net/marinerswellness). Members of all fitness levels are welcome. Instructors may use substitutes and change class format, as necessary. For the safety of all participants, class size may be limited when overcrowding occurs. The Group Exercise Room doors may be locked 5-10 minutes after the scheduled start time, to avoid disrupting other class participants and allow for appropriate warm-up. Street shoes will not be permitted in the Group Exercise Room.

- Spinning Advance Sign-Up: The advance sign-up list will open for requests one week in advance, starting at 12pm every Monday. Requests to be put on the advance sign-up list must be given in-person or by phone to Mariners Wellness Center staff. Only Mariners Wellness Center staff members are permitted to write names on the advance sign-up list. Advance sign-up can only be made for yourself; signing up others is not permitted.
- Spinning Wait List: You must leave a legible phone number on the wait list to be contacted when a spot becomes available. If you are on the wait list and a spot becomes available but you cannot be contacted, your name will be skipped and the spot will be offered to the next person on the wait list.
- Other Spinning Rules and Reminders: Specific bikes cannot be reserved; bike selection will operate on a first come, first served basis. You must call us at 305-434-3700 at least four (4) hours in advance to cancel your spot in class. Regular offenders of this policy may be penalized by not being admitted to future classes. Bring water and a towel. Tuck in shoe laces and other clothing items that could be caught in the bike's moving parts. If unsure of seat and handle settings, ask the instructor for assistance. To stop the pedals suddenly, push down on the red resistance knob. Ride at your own pace and listen to your body. If not feeling well, stop pedaling and carefully get off the bike.
- Group Exercise Room Use: The group exercise room can only be used during group exercise classes and by pre-approved hospital business. At all other times it will be locked as we have valuable property in there.

11. FITNESS ASSESSMENT

Upon joining, members are required to go through a complete health and fitness assessment performed by a Wellness Center exercise physiologist. Included in the assessment are a consultation based on the health history questionnaire, measurement of resting blood pressure and heart rate, body composition, fasting blood cholesterol and glucose, flexibility, strength, and aerobic fitness. Each year upon renewal, members have the option of scheduling a reassessment. (Baptist Health employee requirements differ slightly; please inquire at the front desk.)

12. INITIAL WORKOUT

Following the health and fitness assessment, members have the option of being lead through an initial workout with an exercise physiologist. Results from the assessment and your specific goals will be used to develop an individualized exercise prescription. Although not required, it is strongly recommended to go through this appointment to determine appropriate machine settings and proper technique, especially for new, untrained, or deconditioned individuals.

Member Guidelines

13. PERSONAL TRAINING

One-on-one personal training services are available on-site for an additional fee. Our trainers have a nationally accredited certification and/or a degree in exercise physiology. They will motivate you to reach and exceed your goals, and will tailor a workout program to meet your needs, including weight loss, post-rehabilitation training, cardiovascular fitness, and sport-specific conditioning. A variety of packages are available for your convenience. Appointments can be scheduled at the front desk.

14. MASSAGE THERAPY

Massage therapy services are available on-site for an additional fee. Sessions are performed by a certified and licensed massage therapist, and are scheduled at the front desk. All medical conditions, medications taken, and other health concerns must be disclosed to the therapist prior to your session. Cancellations of less than two hours before the scheduled time will result in the full charge for the session.

15. WEIGHT MANAGEMENT

Weight management services are available on-site for an additional fee. A licensed and registered dietitian performs three nutrition-based offerings: metabolism testing, one-on-one nutritional consultations, and a three-month weight loss program. Appointments can be scheduled at the front desk.

16. TV, SATELLITE RADIO, AND ENTERTAINMENT SYSTEM

For those members wishing to watch TV or listen to music during their workout, Mariners Wellness Center offers a state-of-the-art entertainment system: Cardio Theater[®]. With this system, members and guests can attach their personal headphones to the receivers on each piece of cardiovascular equipment to listen to any of the TV's or local and satellite radio stations.

18. MEMBERSHIP CANCELLATIONS

In order to cancel a membership account, a written 30-day notice must be provided by completing the Cancellation of Membership Request form available at the front desk. Cancellations will become effective only after the 30-day notice. Cancellations made prior to the end of the membership term may result in an early termination fee of \$50 for each member, unless one of the following criteria is met: (a) today is within three business days from the date of signing the Financial Agreement, (b) the member moved more than 50 miles from Mariners Wellness Center, or (c) the member is physically unable to continue for nine months or longer. If canceling due to medical reasons, the member must have a letter from the treating doctor stating he/she is physically unable to continue for nine months or longer. Refunds will be made to members who have paid in full, if one of the criteria listed below is met. If a refund is due upon cancellation of the contract, it shall be computed by dividing the contract price by the number of weeks in the term and multiplying the result by the number of weeks remaining in the term and subtracting the early termination fee of \$50.

17. MEMBERSHIP DUES

Mariners Wellness Center pledges to work hard to bring value to its members. However, from time to time, it may be necessary to adjust dues and fees. Changes in dues will be posted on the facility bulletin boards at least 60 days prior to the change. Changes in other fees may occur at any time, without prior notice.

Member signature

Date



PHYSICIAN STATEMENT AND CLEARANCE FORM

On the Pre-participation Screening Health History Questionnaire you just completed, you identified that you (a) have one or more major signs or symptoms suggestive of cardiovascular, pulmonary, metabolic disease or other major health issue, or (b) have two or more risk factors for coronary artery disease, which may impair your ability to exercise safely. For this reason, we ask that you have your physician complete and return this medical clearance form before you can begin exercising at Mariners Wellness Center. For your convenience and with your permission we are happy to fax this form to your physician.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at Mariners Wellness Center. All information will be kept confidential.

Member's Name (PRINT) _____ **Date** _____

Member Signature _____

Reason for Medical Clearance _____

Physician's Name (PRINT) _____

Physician's Phone _____ **Fax** _____

For Physician Use Only

Please check one of the following statements:

- I concur with my patient's participation with no restrictions
- I concur with my patient's participation in an exercise program if he/she restricts activities to:

- I do **NOT** concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to join Mariners Wellness Center)

Reason _____

Physician's Name _____

Physician's signature _____

Please fax to (305) 434-3701