

Rex Wellness Centers General Fitness Membership/Participant Registration & Terms

PARTICIPANTS MUST PRESENT PHOTO I.D. AT TIME OF CHECK-IN

Date _____ (Rex only) ID verified by: _____

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____ City/State: _____

Zip Code _____ DOB: _____ Phone _____

Email: _____ Employer _____

How did you hear about us? (Please mark all that apply)

- | | | | | | | | |
|--------------------|--------------------------|---|--------------------------|-----------------|--------------------------|--------------|--------------------------|
| Newspaper | <input type="checkbox"/> | Employee | <input type="checkbox"/> | Member Referral | <input type="checkbox"/> | Walk-in/Sign | <input type="checkbox"/> |
| Group Presentation | <input type="checkbox"/> | Previous Member | <input type="checkbox"/> | Television | <input type="checkbox"/> | Email | <input type="checkbox"/> |
| Internet search | <input type="checkbox"/> | Facebook | <input type="checkbox"/> | Pandora | <input type="checkbox"/> | Twitter | <input type="checkbox"/> |
| WRAL.com | <input type="checkbox"/> | Internet Radio | <input type="checkbox"/> | Postcard | <input type="checkbox"/> | Radio | <input type="checkbox"/> |
| Physician Referral | <input type="checkbox"/> | Who can we thank for your referral? _____ | | | | | |

Will you be utilizing any of the following facilities or services:
Pool, Sauna, Whirlpool, Exercise Area, Group Exercise, Massage? Yes No

TERMS OF MEMBERSHIP/PARTICIPATION

The Rex Wellness Centers (the “Centers”) offer general fitness memberships, programs, and activities. These are not health care services, and when you use the Centers’ facilities and exercise equipment or participate in a fitness program or activity, you do so at your own risk. We encourage you to talk to your doctor before becoming a member of or participating in any fitness programs at the Centers, particularly if you answer “yes” to one or more of the following questions:

- () Y () N 1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity?
- () Y () N 2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness?
- () Y () N 3. Do you ever feel pain in your chest when you do physical activity?
- () Y () N 4. Have you been told your blood pressure was too high?
- () Y () N 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- () Y () N 6. Are you currently taking prescription medication for your blood pressure or a heart condition?
- () Y () N 7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)?

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The Centers will treat the information that you provide to us in connection with your fitness membership or fitness participation with confidentiality.

By registering as a Center fitness member or participant, you also agree to the following:

- ✓ I accept full responsibility for my use of any and all equipment, apparatuses, and appliances owned or operated by Rex Hospital, Inc. at the Rex Wellness Centers and for my participation in all fitness programs and services offered at the Rex Wellness Centers. I agree on behalf of myself and my heirs, executors, administrators and assignees to indemnify and hold Rex Hospital, Inc., and its affiliates, trustees, directors, officers, employees, representatives, and agents, harmless from any and all loss, claim, injury, or liability arising from my participation in or use of Rex Wellness Center programs, facilities, or services.
- ✓ It is my sole responsibility, regardless of my health status, to determine from my doctor whether I have any medical conditions that prohibit or limit my ability to exercise or that otherwise increase my risk of injury or death from exercising, using fitness equipment, or participating in any fitness program/service at the Rex Wellness Centers. Rex Hospital, Inc. and its affiliates do not assume any responsibility for my failure to consult with my doctor or for any adverse health consequences resulting therefrom.
- ✓ Rex Hospital, Inc. does not assume any responsibility for securing or safekeeping my personal property while I am at the Rex Wellness Centers. I agree to accept all responsibility for any loss or theft of, or damage to, my personal property while I am a participant at the Rex Wellness Centers.

I affirm that I have read, understand and agree to the terms set forth above and I wish to exercise at the Rex Wellness Centers, use their equipment, and/or participate in their programs/services subject to the above terms.

Participant Signature: _____

Date: _____

EMERGENCY CONTACT

Name	Phone #	Relationship
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If you would like for the Centers to have your doctor's name and contact information on file in the event of an emergency while you are using the Centers, please provide it below:

Physician Name (please print)	/	Physician telephone number	Fax number
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FOR OFFICIAL USE ONLY

Date Joined _____	Location _____	Member Type _____	Member # _____	Closer _____
Primary Member Name and Member # (if applicable) _____				
Enrollment \$ _____	Prorated Dues \$ _____	Monthly Membership \$ _____	Join On-line? <input type="checkbox"/>	