New Member Information

Please fill out information below completely. **Print clearly in blue or black ink.** All information provided is confidential and will not be shared outside of Fidalgo Pool & Fitness Center without permission.

Name: _____ **DOB:** _____/_____/_____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____

Emergency Contact Name: _____

Phone: _____

I would like a: ☐Punch card ☐30-day Pass ☐Quarterly Pass ☐Annual Pass

Check any that apply:

___ Active Duty Military (ID required)

___ I would like a family membership

List name(s) and DOB of family members in the same household who will be added to Family or Military Family memberships.

1. _____
2. _____
3. _____
4. _____
5. _____

___ I have a Medicare Supplement or Advantage Plan with a Fitness Benefit

Insurance Provider Name: _____

Fitness Benefit Program:

___ Tivity Silver Sneakers (sign waiver on back) ID Number: _____

___ Tivity Prime ID Number: _____

___ Silver & Fit ID Number: _____

___ Optum At Your Best ID Number: S - _____

___ Optum Fitness Advantage ID Number: A - _____

___ I am not sure. Please check my eligibility.

Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program. I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Tivity Health Services, LLC participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity HealthTM Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Tivity Health participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Tivity Health participating location, any sponsoring organization, Tivity Health, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities. In addition, I agree that Tivity Health may engage in – and I hereby expressly consent to – (i) the recording (in video and/or still photo format) of my participation in Tivity Health classes, workshops or other programs, and (ii) the publication or other use by Tivity Health of any such recordings in social media, broadcast media, print media, general advertising and similar purposes.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Tivity Health participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

_____	_____	_____
Print Member's Name	Member's Signature	Date
_____	_____	
Emergency Contact Name	Contact Phone Number	