

FOR OFFICE USE ONLY: Date Registered: _____ Application Accepted By: _____

Entered In Vision: _____ Vision Entry Completed: _____ Fitness Member #: _____ Card Made: _____

Adult Fitness Silver Sneakers Corporate Fitness Insurance Fitness/Insurance-Member ID# _____

Sarah Heinz House Adult Participant Application

****PLEASE PRINT CLEARLY****

General Information

Participant Name: (Last, First, Middle)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate:
Address	Primary Phone Number: (is this a cell Y or N)	
City: State: Zip:	Secondary Phone Number: (is this a cell Y or N)	
Email Address:		
Employer:	Occupation	
Are you an Alumni of SHH? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Contact Method: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Email	
How did you hear about SHH? <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> Another Participant <input type="checkbox"/> Open House <input type="checkbox"/> Insurance Mailing <input type="checkbox"/> Other (list): _____		
<i>For Silver Sneakers, Coventry Cares, ASH, etc members only</i> What is your Membership number (on your SS or Insurance card)? _____		

Emergency Contact Information

Name	Phone Number (home / cell)	Relationship
Name	Phone Number (home / cell)	Relationship

Please initial by each policy (4 Total)

Sarah Heinz House Participation Policy

Fitness Center members are permitted in the building during posted Fitness Center Hours. Fitness Center members are not able to use the fitness center outside of the posted times unless otherwise agreed to in writing by the Director of Operations or the Director of Outreach and Corporate Partnerships. I also understand that as a Fitness Center member, I must respect and follow the personnel, policies and procedures of Sarah Heinz House. I understand that no refunds are given to individuals who withdraw or are asked to leave the program. Sarah Heinz House reserves the right to refuse an individual a fitness center membership, at any time before or during their membership if we feel that individual could cause harm to themselves, others or the facility. SHH recommends receiving clearance from a physician before beginning to use the facility and assumes no responsibility for the health or fitness of its fitness center members.

Policies (cont).

_____ **Emergency Treatment Permission**

I authorize Sarah Heinz House to act on my behalf if I am a victim of a major accident, injury or illness when immediate medical care is needed. I authorize certified medical personnel to take such action their judgement dictates. I further agree that neither Sarah Heinz House, nor any person associated with them, has any responsibility of any kind to me or my family for any claims, harm or damages arising from any accident, injury or illness, which I may suffer as a result of any such health care or medical treatment.

_____ **Publicity Permission**

I agree that photographs (likeness) of myself, if it should appear in any form of media coverage or promotional brochures for Sarah Heinz House may be used without any further authorization or any reimbursement to me from Sarah Heinz House.

_____ **Waiver and Release from Liability and Assumption of Risk Agreement**

I _____ (print participant's full name legibly) acknowledge that the activity/activities I am engaging in at Sarah Heinz House, including but not limited to those related to athletic, fitness and/or recreation activities, involve inherent risks (both known and unknown) to participants. I have voluntarily chosen to engage in such activity/activities and willingly and knowingly assume all risks associated with such activity/activities. These risks include but are not limited to, serious injury, property loss, dismemberment and/or death. I further acknowledge that such can occur regardless of whether the activity involves physical contact or not, and that such risks are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by Sarah Heinz House, its representatives, employees, agents and/or assigns. I agree that prior to participating I will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise a designated representative of Sarah Heinz House of such condition(s) and refuse to participate.

In consideration for Sarah Heinz House allowing the above names individual to participate in activities held on Sarah Heinz House Property and/or sponsored by the organization elsewhere, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, assigns and/or other potentially interested party:

a) I WAIVE, RELEASE AND DISCHARGE Sarah Heinz House, its Board of Directors, officers, employees, volunteers, representatives, agents, successors and/or assigns from any and all claims of liabilities for death, personal injury or damages of any kind which arise out of or relate in any way to my participation in athletic, fitness, recreation and/or other activities at Sarah Heinz House. I also expressly release and discharge Sarah Heinz House and its associated parties listed above from any liability associated with rendering, or failure to render, any type of emergency and/or medical services.

b) I AGREE NOT TO SUE nor bring any type of suit or claim against Sarah Heinz House, its Board of Directors, officers, employees, volunteers, representatives, agents, successors and/or assigns above for any of the claims or liabilities that I have waived, released or discharged herein; and

c) I INDEMNIFY AND HOLD HARMLESS Sarah Heinz House, its Board of Directors, officers, employees, volunteers, representatives, agents, successors and/or assigns from and against any and all damages, liabilities, claims, demands, expenses and costs of every kind and nature, including without limitation, reasonable attorneys' fees and costs arising out of: Injury or death of any persons, and damage to or destruction of any and all property, including loss of use thereof, resulting from or in any manner arising out of or in connection with any act or omission by the names signatory.

I hereby affirm that I am eighteen (18) years of age or older and I have read this document and I understand its contents. I understand that I have given up substantial rights by signing this document and sign it voluntarily.

Participant's Signature: _____

Date: _____

Participant's Name (PRINT): _____