

ELEMENTS  
WELLNESS CENTER



COMMUNITY FIRST SOLUTIONS

**MEMBER AGREEMENT**

Date: \_\_\_\_\_

\_\_\_ Mr. \_\_\_ Miss \_\_\_ Ms. \_\_\_ Mrs.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you hear about Elements? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please check if you have any of the below conditions:**

- \_\_\_ Chest pains while at rest and/or during exertion      \_\_\_ Previous heart attack  
\_\_\_ High blood pressure      \_\_\_ Diabetes  
\_\_\_ Frequent, fast, irregular heartbeats or very slow heartbeats  
\_\_\_ Previous hip or spinal fracture (as an adult)  
\_\_\_ Shortness of breath after mild exertion, at rest, or in bed  
\_\_\_ Open cuts on your feet that don't seem to heal  
\_\_\_ An unexplained weight loss of ten (10) pounds or more in the past six (6) months  
\_\_\_ An heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure,  
    poor circulation to the legs, valvular heart disease, or blood clots  
\_\_\_ More than two (2) falls in the past year (no matter what reason)  
\_\_\_ More than one year since you have engaged in regular physical activity
- Is your physician UNAWARE of any of these conditions? \_\_\_ Yes \_\_\_ No  
Has your physician recommended any limitations to your physical activity? \_\_\_ Yes \_\_\_ No

**\_\_\_ Please sign that you understand the above questions and have completed this assessment.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **REQUEST TO PARTICIPATE IN VOLUNTARY EXERCISE PROGRAM AND INFORMED CONSENT, INDEMNIFICATION, AND RELEASE AGREEMENT**

I request permission to engage in a voluntary exercise program in order to attempt to improve my physical fitness and wellness. I understand that the purpose of the exercise program includes, but is not limited to, developing and maintaining cardiovascular endurance, muscular strength and endurance, flexibility and agility.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of those symptoms.

I also understand that muscle soreness is a normal and expected part of any exercise regimen-whether initially working towards physical fitness or increasing intensity on an already established program. The difference between muscle soreness and musculoskeletal injury is judgmental, but I will agree to refrain from further participation until I have had any concerns resolved by appropriate medical personnel.

I have truthfully answered the Health/Medical History Questionnaire to the best of my knowledge regarding my past and current health. In the event that a medical clearance must be obtained prior to my participation in the exercise program due to discretion of the instructor, I agree to consult my physician and obtain written permission from my physician before commencement of any exercise program.

I understand that although *Elements* facilities, equipment, services, and programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use or misuse of such facilities, equipment, services, and programs may result in injury to me. In consideration of being allowed to participate in this voluntary exercise program, I agree to assume all risk of such exercise. In further consideration, I agree that I, my heirs, executors, administrators, personal representatives, guardians, successors, and assigns will indemnify and hold harmless Colonial, its directors, operators, and employees (hereby referred to as releasees), from all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, whether caused by the negligence of the releasees or otherwise, during, or arising in any way from my voluntary participation in activities at *Elements*.

I hereby grant Community First Solutions permission to take photographs and/or videos of myself and use reproductions of said photographs for the purpose of promoting the organization through advertising, marketing, or public relations.

I have read and voluntarily signed this Request to Participate in Voluntary Exercise Program and Informed Consent, Indemnification, and Release Agreement. I further agree that no oral representations, statements, or inducements apart from this written agreement have been made.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please email completed form to [acrossley@community-first.org](mailto:acrossley@community-first.org) or bring to your first Elements visit.**