



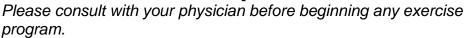


SILVERSNEAKERS® MEMBER AGREEMENT

Mr Miss	Ms Mrs.		Date:
Last Name	First Name		Middle Initial
Address		City	
State	Zip	Phone Number	
Email Address			
Male Female	Age	Birth Date/_	/
How did you hear about E	lements?		
Insurance Member ID:			
Office Use Only:			
Healthways ID:		Shape.Net ID:	
Chest pains while at re High blood pressure Frequent, fast, irregula Previous hip or spinal f Shortness of breath af Open cuts on your feet An unexplained weight	ar heartbeats or very slow he fracture (as an adult) ter mild exertion, at rest, or	Prev Diab eartbeats in bed more in the past six (6)) months
failure, poor circulation to the More than two (2) falls More than one year sir Is your physician UNAWAR	legs, valvular heart disease in the past year (no matter nce you have engaged in reg E of any of these conditions?	, or blood clots what reason) ular physical activity ——Yes No	
	nended any limitations to yo		
Please sign that you und	lerstand the above questi	ons and have compl	eted this assessment.
Name (please print):			

Signature: ______Date: _____

Waiver and Assumption of Risk





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 Healthways 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 Healthways 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 Healthways 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 Healthways 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 Healthways participating location, any sponsoring organization, Healthways, 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 Healthways 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.

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 Healthways participating location or individual.

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.

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		