

MEMBER'S NAME:

TYPE OF MEMBERSHIP: _____ MEMBER #: 0000-_____

McCamey Hospital District



Wellness Center

MEMBERSHIP HANDBOOK

INDIVIDUAL FULL-USAGE MEMBERSHIP AGREEMENT

This agreement is between the wellness center of the McCamey County Hospital District (MCHD) in McCamey, Texas, (i.e., the McCamey Hospital District's Wellness Center and hereinafter referenced as the "center") and _____ (name of member), hereinafter referenced as the "member". In consideration of the terms and conditions stated below, the parties agree and obligate themselves as follows.

- A. The member agrees to abide by the policies of the center as they now exist and as they may be amended.
- B. For use of the center facilities, the member agrees to pay the center dues befitting the selected membership category and contractual agreement. The member agrees that if s/he terminates membership before the applicable, obligated membership arrangement has been completed, the initially-agreed-upon fees remain due.
- C. The membership category selected is **INDIVIDUAL FULL-USAGE**. This membership category gives the member full access to the center's programs and facilities. The member also acknowledges that s/he is 15 years of age or older. The center reserves the right to close portions of the center or programs due to maintenance or lack of use without prior notice.
- D. The membership fee due is \$_____, payable _____. Upon joining, the member's monthly dues for the first month will begin on the date of sign up and will be due on the same date each following month. If a member misses more than 30 consecutive days, they may then start their due date over upon renewing their membership. Auto draft, credit card, cash, or check will be acceptable payment options.
- E. A completed application is required for membership. In some cases, a physician's signature may be necessary. Any misrepresentation on the member's application may result in immediate termination of the individual membership.
- F. The effective date of the agreement shall be the _____ day of _____, 20__ and it will either continue on a monthly basis until written notification is received from the member as described in section G or be in effect for the agreed-upon duration of this membership contract.

G. A MEMBER IS REQUIRED TO PROVIDE THIRTY (30) DAYS WRITTEN NOTIFICATION OF INTENTION TO CANCEL A MEMBERSHIP. THE EFFECTIVE DATE OF THE NOTIFICATION IS THE DATE THE NOTIFICATION IS RECEIVED IN THE CENTER'S OFFICE. THE MEMBER IS RESPONSIBLE FOR DUES AND FEES INCURRED DURING THE MEMBERSHIP PERIOD.



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- H. **THE CENTER RESERVES THE RIGHT TO ADJUST THE MONTHLY DUES RATES AND THE STRUCTURE WITH THIRTY (30) DAYS WRITTEN NOTIFICATION TO THE MEMBERSHIP.** After the notification date, the member will have thirty days to cancel or downgrade the membership without penalties or fees.
- I. The member acknowledges that the member's use of the facilities and equipment is at the member's own risk of any bodily injury, illness, death or property damage. The member hereby releases, waives, forever discharges and covenants not to sue the center (or the MCHD Wellness Center (DBA) the McCamey Hospital District Wellness Center) or any agents, servants, or employees of the center (or the MCHD Wellness Center (DBA) the McCamey Hospital District Wellness Center) for any and all loss and damage or any claim or demands of any type, known, on account of or in any way related to any illness, condition or injury to member or member's property or which may result in member's death. The member expressly acknowledges that the member understands this paragraph to be a waiver and release of the center and the MCHD Wellness Center (DBA) the McCamey Hospital District Wellness Center and the agents, servants and employees of the center and the MCHD Wellness Center and the McCamey Hospital District Wellness Center from any liability for injury or harm incurred while involved in the use of equipment or facilities or while engaging in any activity at the center.
- J. Misuse of the center's facilities and/or equipment and/or irresponsible actions by the member, as judged by the center's personnel, may result in immediate termination of the membership with no refund or payments.
- K. **THE MEMBER ACKNOWLEDGES THAT THE CENTER IS NOT A FEE-FOR-SERVICE BUSINESS, AND DUES ARE TO BE PAID, REGARDLESS OF CENTER'S USAGE.** If applicable, monthly membership fees are suspended without a cancellation of the membership, should medical reasons preclude participation and are supported by written notification of a physician.
- L. This agreement is not assignable by either party to any other person.
- M. The member and the center acknowledge that this agreement contains the entire agreement, and the center makes no warranties of representation, expressed or implied, other than those set forth herein. The terms of this agreement are enforceable in a court of law. If any portion of this agreement is held to be invalid or unenforceable, such portion shall be disregarded, and the remainder of this agreement shall remain in full force and effect.

Witnessed and signed this _____ day of _____, 20____

By: _____
Authorized Signature (Center Staff Member)

Member's Signature (By signing this agreement, the member acknowledges that s/he has read and fully understands the above agreement, and all questions have been answered.)



MEMBERSHIP HANDBOOK

Membership Application

All Questions MUST Be Completed. PLEASE PRINT.

Name: _____
Last First M.I.

Date of Birth: ____/____/____ Age: _____ Sex: ____ Male ____ Female
(Persons applying for membership must be at least 18 years old.)

Email Address: _____

Physical Address: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____
_____, TX _____ Work Phone: _____
City Zip

Employer: _____ Occupation: _____

In case of emergency, whom should we contact?

Please print, so we may obtain this information quickly during an emergency.

Name: _____

Relationship: _____

Phone Number: (_____) _____ - _____

Your Physician s (M.D.) Name and Phone Number: _____
(Local physician is preferred)

- Current Weight: _____ Current Height _____
- Are you pregnant? No Yes (If you answered yes, your physician’s consent is required prior to becoming a member and beginning an exercise program at this wellness center.)

Please Initial Below:

By initialing, I indicate that I have read the above and have completely answered the above membership questions. Please complete page 2 on other side.

Your Personal Medical History

Please circle the appropriate response. All questions must be answered.

If you answer yes to any of the questions listed below, a medical clearance is required from your physician (M.D.) prior to becoming a member and exercising at this wellness center.

No	Yes	1. Has your doctor ever said that you have any type of heart trouble?
No	Yes	2. Have you had pains in your heart and/or chest area during the past six months?
No	Yes	3. During the past six months, have you had any spells of severe dizziness or have you felt faint?
No	Yes	4. Has a doctor ever said your blood pressure was “too high”, regardless of current medications?
No	Yes	5. Has a doctor ever said you have any form of diabetes?
No	Yes	6. Has your doctor ever told you that you have a bone or joint problem of any type?
No	Yes	7. Do you have arthritis or osteoporosis?
No	Yes	8. Have you ever had any type of knee surgery?
No	Yes	9. Have you ever had any type of hip surgery?
No	Yes	10. Have you ever had any type of shoulder surgery?
No	Yes	11. Have you ever had any type of back and/or neck surgery?
No	Yes	12. Has your doctor ever told you that you have asthma, chronic bronchitis, emphysema or COPD?
No	Yes	13. Have you had any surgical procedures during the past 12 months that could possibly limit your range of motion or limit your involvement in any type of physical activity?
No	Yes	14. Has your doctor ever told you to limit the amount of weight that you lift?
No	Yes	15. Has your doctor ever given you any physical limits in respect to exercise?
No	Yes	16. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
No	Yes	17. Are you over age 65 and not accustomed to vigorous exercise?
Please Initial Below		I have read and completed the above personal medical history. It is true and correct, and all my questions have been answered.

Please read the following statement before signing:

All exercise and participation is done at the risk of the member or his/her guest. This wellness center and its management are not liable for personal injury. By signing this application, the member understands and agrees that he/she waives his/her rights and the rights of his/her heirs, administrators, executors, successors and assigns to all claims arising out of the use of the premises and the membership including but not limited to personal injury, including bodily injury and death, and all property damage.

Signature: _____ **Date:** ____ / ____ / ____

By signing this application, I indicate that I have read the above and fully understand and agree to the terms of this application, and all my questions have been answered fully.

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Physical Activity Participation Release

My patient, _____, has my permission to participate in the various cardiovascular and strength-training activities at the McCamey Hospital District Wellness Center.

_____ This individual does not have any exercise limitations and may participate in unsupervised physical activity up to and including the swimming pool.

_____ Limitations to participating in physical activity include:

Physician Signature: _____

Physician Phone Number: _____

Date: ____/____/____

This form can be faxed to the McCamey Hospital District Wellness Center,
432-652-4008.

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Medical Restriction Compliance Agreement

I _____ have read and understand the medical restrictions as outlined by my physician, Dr. _____, dated ____/____/____).

I agree to follow those restrictions. I also understand that those restrictions are in effect until I receive a subsequent note from this physician that reflects any change in my condition.

Member's Signature _____

Date: ____/____/____

McCamey Hospital District



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Dear New Member:

Welcome! Thank you for choosing to become a member of this wellness center. We applaud your commitment to improve your fitness and health.

We are pleased to have trained staff members who are ready, willing and able to demonstrate the proper use of the center's equipment.

We are very proud of this wellness center. Our goal is to provide you with the tools necessary for improving your overall health and well-being. We are committed to assisting you in your efforts to improve the quality of your life.

We ask for your help in ensuring that this quality facility remains in top condition. Please direct your questions and concerns to our friendly staff.

Onward to better health!

Jason Menefee

**Jason Menefee, CFO,CEO
McCamey County Hospital District**

McCamey Hospital District



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MEMBERSHIP HANDBOOK

Hours of Operation

(as of February 8, 2023)

Monday–Sunday 4:00 a.m. – 9:00 p.m.

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FITNESS AREA RULES

Noncompliance of these rules may lead to discontinuation of membership.

- Wear proper athletic shoes and clothing. The following are prohibited: sandals, bare feet, and socks only.
- No food in the fitness area.
- Make sure drinking bottles have a closeable top.
- Discard gum in the wastebasket.
- Ask for assistance if you do not know how to use the equipment.
- Refrain from using loud, foul or slanderous language.
- You may be asked to turn down your music if an assigned class is taking place in the multipurpose room.
- Do not remove weights, benches or equipment from their proper place.
- Re-rack weights & return all other accessories to their proper location.
- Misuse of equipment may result in immediate expulsion.
- Due to possible injury, children under the age of 18 are not permitted in this area. (Unless a specific children's boot camp or exercise program is being implemented.)

Fitness Room Etiquette

Good manners make happy members.

- Limit perfume and cologne use.
- Please wipe down used equipment with disinfecting wipes.
- Ask if you may "work in," and always let others work in.
- When working in with someone, return the seat & weight to the last user's setup.
- Avoid making loud sounds (banging weight, yelling, dropping dumbbells).
- Don't sit on machines when you're between sets.
- Be patient when waiting for equipment, and be efficient when using equipment while others are waiting for you.
- Be aware of others around you.

Track Rules:

- Participation on the track is open to all active members and those enrolled in specific challenges; however, no one under the age of 15 is allowed on the track. (Unless a specific children's boot camp or exercise program is being attended)
- For preservation of individual cognitive thinking skills, all walking and jogging is to be done in the direction noted on the wall directly adjacent to the front desk.
- Walkers use the inside of the track closest to the rail. Joggers use the outside of the track closer to the wall. As a courtesy to others, please do not walk side by side. Consideration should be given to faster walkers and joggers who want to pass.
- For safety reasons, sitting or leaning on the rails is prohibited.
- Appropriate shoes are required. (No flip flops, boots or hard soled shoes)

Lockers/Shower Rooms:

- Lockers are provided on a daily basis or for monthly rental for a nominal fee. Keys and wristlets are provided. Unless, a monthly rental has been signed and paid for at the front desk, all keys are to be returned on a daily basis. All personal belongings, all items of personal property brought on the premises shall be at the sole risk of the member or guest.
- Towels are provided for all members. All towels are to be placed in appropriate bins after use.

Multi- Purpose Room

- The Multi-Purpose Room may be utilized for designated classes, meetings and individual use.

Lost and Found

- Lost and found items will be located at the Activity Desk. Participants are encouraged to put their names on all personal items so they can be easily identified.

Prohibited items:

- **The following items are not allowed in the MCHD Wellness Center:**
 - **Tobacco of any form**
 - **Alcoholic beverages**
 - **Controlled substances**
 - **Pets (except for seeing impaired)**
 - **Radios (exception: phones, iPod, etc. are permitted with headphones)**
 - **ANYTHING that would detract from the intended Wellness atmosphere and the purpose of the MCHD Wellness Center**
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- **Food and drinks** (with the exception of purchased water or Gatorade) will not be allowed in the fitness area, or on the track. Please dispose of chewing gum in its proper place.
 - **Any person(s) fighting, under the influence of drugs or alcohol, in possession of drugs or alcohol, or anything that can be used as a weapon will be suspended indefinitely from the MCHD Wellness Center.**

Liability

- The use of the MCHD Wellness Center and all equipment will be at the risk of the participant.
- The MCHD Wellness Center does not assume liability or responsibility for any participant.
- The MCHD Wellness Center does not make any express or implied warranty of the premises, the equipment, machinery, fixtures or furniture.
- The MCHD Wellness Center is not responsible for any lost or stolen property.

Interpretation of Policies

- The MCHD Wellness Center staff is responsible for all interpretation and enforcement of all rules.
- All reservation, procedures, and problems will be handled through the MCHD Wellness Center Staff and/or the MCHD Wellness Center management.
- Other situations not specifically covered in this list of policies and procedures will be acted upon if and when the need arises at the discretion of the MCHD Wellness Center Staff and/or MCHD Wellness Center management.