

Membership Application

BETSI E HOSICK HEALTH & FITNESS CENTER

 **MUNSON HEALTHCARE** Paul Oliver Memorial Hospital

Please **PRINT**

Applicant First Name	Last Name	Nickname	Date of Birth
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Billing Address	City	State	Zip
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Phone Number	Email Address
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Emergency Contact	Phone Number
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Co-Applicant First Name	Last Name	Nickname	Date of Birth
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Phone Number	Email Address
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As a user of the Paul Oliver Memorial Hospital's Betsie Hosick Health and Fitness Center (BHHFC), I recognize that a fitness program and the use of the exercise equipment and other facilities provided by the fitness center entail risk of accidental injury or death. I hereby, on behalf of myself, my heirs, my executors and administrators, covenant and agree to release, indemnify and hold harmless BHHFC, its owners, employees, contractors and agents, along with any personal trainer or fitness class instructor utilizing BHHFC, from any and all losses, cost, claims, damages, injuries, thefts or liabilities, whatsoever, whether or not based on negligence, strict liability or other theory of contract or tort, arising out of or in any way connected with my participation. I acknowledge to the best of my ability that I am in good health and have no known medical problems that would restrict my ability to participate in exercising (or, if I have any conditions that would limit my participation, I will so limit) and understand I should consult a physician before engaging in any exercise program. I take full responsibility for my own welfare and decision to participate in any fitness or exercise activity associated with BHHFC including, but not limited to, exercising on premises, participating in any exercise class either at BHHFC or livestreamed or otherwise provided by remotely by BHHFC, or otherwise performed in conjunction with BHHFC. I understand and agree that BHHFC may require proof of physician clearance prior to participating in BHHFC programming. I acknowledge and agree to abide by the rules and regulations of BHHFC as they are in effect now or as they may be amended. If I am applying for a membership at BHHFC, I hereby agree to and accept the terms and conditions of the membership agreement, including any terms and conditions of membership presented to me. I do hereby allow the BHHFC to use any photographs or video taken of me at BHHFC to be used in informational publications, advertising or media released to the general public

Applicant Signature	Date
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Co-Applicant Signature	Date
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STAFF USE ONLY:

Main Member Key Fob Number:

Co-Member Key Fob Number:

Notes:

Fitness ID# _____

PT Discharge Date _____