# Edward M. Armfield, Sr. Civic and Recreation Center, Inc.
# Silver Sneakers Application

☐ New Membership ☐ Information Change ☐ Other

First Name _____ MI_____ Last Name_____

Address _____ City_____County_____ State___ Zip _____

Mailing Address _____ City_____County_____ State___ Zip _____

Date of Birth _____ Join Date_____

E-Mail Address _____ Cell Phone # _____

Home Phone # _____ Business Phone # _____

Emergency Name _____ Emergency Phone # _____

Responsible Party (IF YOUTH MEMBERSHIP)_ _____

Address (IF DIFFERENT) _____

Spouse _____ DOB _____Sex _____

| Office Use Only | Membership Type | | | Monthly Fee |
|---|---|---|---|---|
| Monthly | Silver Sneakers Program | | | |

**SILVER SNEAKERS:** I understand the Silver Sneakers Fitness Program is an individual membership and not a family membership. In order to qualify I must present my insurance card and a photo i.d. (driver license or state i.d. card) will be copied and kept on file. I will be required to swipe in each time that I use the. I will be required to purchase a key tag as well which will grant entrance into the facility. _____ (initial)

**LIABILITY WAIVER**: I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Edward M. Armfield Sr. Civic and Recreation Center, Inc. (hereafter known as Center) or their respective agents, representatives, successors, and assigns for any injuries which may be suffered by me in connection with my participation of any activities sponsored by the Center. I understand that I am responsible for monitoring my own condition throughout my activities at the Center. _____(initial)

**I understand that this program may be discontinued at any time by Healthways Silver Sneakers Fitness Program.** _____ (initial)

**PRIVACY COMMITMENT**: As a valued member, we are committed to providing you with exceptional services. We want you to understand what information we collect is strictly confidential.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

**For Office Use Only**

Key Tag Purchase Option $5.00 _____ $10.00 __ Receipt Number _____

# Waiver and Assumption of Risk (HealthWays)

*Please consult with your physician before beginning any exercise program.*

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.

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_____

EDWARD M. ARMFIELD CIVIC CENTER PARTICIPANT RELEASE
873 OLD US 52 BYP W OF LIABILITY
PILOT MOUNTAIN, NC 27041 READ BEFORE SIGNING

Member's Name:
_____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:
The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Edward M Armfield Civic Center, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
SIGNITURE REQUIRED FOR EACH MEMBER 18 YEARS OF AGE AND OLDER.

X_____ _____ _____
PARTICIPANT'S SIGNITURE AGE DATE