

Submit Application: (pick one)  
 \_\_\_ Place in drop box located outside of  
 Cardiac Rehab on 1N  
 \_\_\_ Fax both sides to 342-5499



## Membership Application

**Employee Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** (w) \_\_\_\_\_ (h) \_\_\_\_\_ **Badge Number:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Work Unit:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### Type of Membership (check all that pertains to you):

Employee / Student: \_\_\_\_\_ Fitness (Free) \_\_\_\_\_ Classes (Free)  
 Employee / Student Family: \_\_\_\_\_ Individual Monthly (\$25) \_\_\_\_\_ Individual Yearly (\$275)  
 \_\_\_\_\_ Family Monthly (\$35) \_\_\_\_\_ Family Yearly (\$385)

**ONLY FOR FAMILY MEMBERS:** I / We agree to pay McLaren fees in the amount of \$ \_\_\_\_\_ per month or \$ \_\_\_\_\_ for the year payable on the first pay week of each month for fees due that month. If payment is made the entire year, fees are due at the time of membership registration and on the anniversary date of the membership start date for the following year. Payments can be made by check, cash, charge card, or through payroll deduction. **Call the McHealthy office at 342-4215 if a family membership is wanted.**

The membership begins on the date specified and continues until terminated by either the member or McLaren. The member or McLaren may cancel this membership after expiration of the membership term. Proper notice is one calendar month. Notice is to be given in writing or delivered in person. It is understood that there will be NO PRORATION of the last month's fees.

### **Fill out only if a family membership is being requested:**

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Membership Start Date: \_\_\_\_\_ (For Office Use Only)

## Waiver of Liability Claims

I hereby apply for a McLaren Wellness Center membership and agree to abide by the regulations affecting such membership. In consideration of the acceptance of my application to use the McLaren Wellness Center, I hereby, for myself, my heirs, personal representatives, administrators and assignees, agree to release and hold harmless McLaren Health Care Corp., their agents, representatives, employees, related entities, successors and assigns, for any personal injury or loss or damage to any personal property, sustained by me or any member of my family, guest, from any claims, actions or suits for personal injury, negligence, breach of warranty, and all other liabilities resulting from the use of the Wellness Center and McLaren services, facilities and property. I agree not to sue any of these parties for any claims, which are the subject of this release.

I understand that using the exercise and wellness facility will result in my exposure to higher than normal risks of injury to person or property.

I represent that I have no health or physical problems, which would interfere with my safe use of the exercise and wellness facility provided by McLaren.

I agree that I am responsible for my own safety.

I agree to assume and accept the dangers, which are inherent in the use of the exercise and wellness facility provided by McLaren.

I agree that I will not allow any other person to use my membership card or to gain access to the wellness facility provided by McLaren (unless appropriately paid for).

I further agree that if McLaren or their respective agents, representatives, employees, related entities, successors or assigns, are sued by anyone else because of my conduct in using the wellness equipment, I will indemnify McLaren for any and all damages or costs they may incur, including actual attorney fees.

I understand that I must be at least eighteen years of age to be eligible for an individual membership in the Wellness Center. If I am twelve (12) to seventeen (17) years of age, I understand that I may be considered part of my guardian's membership. I must be at least twelve (12) years of age to use the wellness equipment. I also understand that McLaren Wellness has the right to refuse me membership or use of a machine due to my size, behavior, attentiveness, and maturity level. I further understand that I must be accompanied by an adult 18 years of age or older in order to use the machines if I am 12 – 15 years old. If I am a 16 – 17, and am not accompanied by an adult 18 years old or older, I must have available an emergency contact phone number.

I take full responsibility for any minor that I clarify as part of my membership. I understand that I am responsible for the minor's supervision, actions, behavior, and use of wellness equipment / facility. I further understand that McLaren Wellness employees are not to be used to supervise my minor in my absence. Lastly, I understand that if I allow a minor to attend the Wellness center with me who is not a member or 12 years of age, I will take full responsibility of them and not allow them to use the machines. These said minors also must remain by my side at all times.

I acknowledge that McLaren will not allow me to use the Wellness equipment or participate in any sponsored wellness classes unless I sign this release.

### Policies and Terms

Membership fees are due the first pay week of each month for fees due the following month. Fees are as follows:

**Employee Family Member(s) Packages:**

Employee.....FREE  
Individual (1 family member or live-in significant other).....\$25.00  
Family members (more than 1 family member).....\$35.00

**DEFINITIONS:**

**Employee:**

All employees of McLaren Flint (Company 100). Any employee who works for Anthelio Health, Security, McLaren Home Care and McLaren Health Care who work solely in the medical center and contracted workers are eligible to apply for membership. Auxiliary and Volunteers are eligible, but must use the off campus outpatient facilities.

**Individual:**

An individual is considered one person who lives in the **same household** as the employee. Must sign form below.

**Family:**

A family is considered two or more persons who live in the **same household** as the primary employee member. Includes children 12-17 years old and students in college until their 24<sup>th</sup> birthday. All must sign the form below.

**Registration:**

At this time, registration is not required to attend classes such as Zumba, Yoga and Line Dancing. Appointments are needed for 10 minute Massages and Personal Trainer.

**Rule Changes:**

McLaren may make changes, deletions or additions to Wellness Center rules, regulations, and fees from time to time. Members are required to abide by all rules and regulations.

**Physical Therapy (for Outpatient facilities only):**

**Sharing the gym with Physical Therapy creates conflict periodically with the exercise equipment. Because the therapy patients are on SCHEDULED appointments, you may, be asked by the therapy staff to temporarily move to another machine until the patient is finished. We greatly appreciate your understanding and cooperation.**

**Hours of Operation:**

Information on facility hours of operation is located on the McHealthy Intranet Site under facilities tab.

**I HAVE READ AND UNDERSTAND THE AGREEMENT BEFORE SIGNING IT.**

X \_\_\_\_\_ X \_\_\_\_\_  
Primary Member/Applicant/Employee Authorized McLaren Representative

X \_\_\_\_\_ X \_\_\_\_\_  
Secondary / Family Member Tertiary / Family Member

DATE: \_\_\_\_\_ AMOUNT RECEIVED: \_\_\_\_\_