



Membership Application



First Name: _____ Last Name: _____

Gender: Male Female Birth Date: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home Phone: _____ Work Phone: _____

Referred? Yes No If yes, by whom? _____

1. How did you hear about the fitness center?

- Tour
- Newsletter
- Event, please specify: _____
- Web page
- Word of mouth
- Other, please specify: _____

2. What aspect influenced you to join the fitness center?

- Convenience
- Hours of operation
- Amenities/Equipment
- Cost
- Programs/Services
- Other, please specify: _____

3. What personal aspect(s) influenced you to join the fitness center?

- Weight loss
- Stress reduction
- Increase energy level
- Increase self confidence
- Social interaction
- Increase cardiovascular endurance, muscular strength, flexibility
- Decrease cardiovascular risk factors
(BP, cholesterol, inactivity, family history)
- Decrease other health issues
(diabetes, thyroid disorder, breathing disorder, bone or joint issues)
- Other, please specify: _____

4. Physical activity or exercise is defined as accumulating 30 minutes or more of activity per day. Within the last 2 months, how many days a week are you physically active?

- 0
- 1-2
- 3-4
- 5+

Membership Information –

Employee ID Number: _____

Membership Type: Employee Contractor Student/Intern

Payment Type: Payroll Deduction Check Cash

OFFICE USE ONLY	
Date Received:	Medical Clearance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Approved:	Date Sent:
Health Consultation Date:	Date Received:

WAIVER AND RELEASE FORM

In consideration of the opportunity afforded to me by _____ to use the fitness center equipment and participate in the fitness center activities, (the "Fitness Program"), which Fitness Program is being conducted and administered by Corporate Fitness Works, Inc. ("Corporate Fitness Works"), a Florida corporation, I, for myself, my spouse, legal representative, heirs and assigns, freely and voluntarily make the following statements, waivers, releases and indemnifications which I understand are legally binding.

I am not obligated to participate in the Fitness Program, and if I choose to participate, I understand that I may terminate my participation. I understand that there are certain risks, whether foreseeable or unforeseeable, connected with participation in the Fitness Program which may expose me to the risk of illness and/or bodily injury, including death, as well as property damage. I acknowledge the foregoing risks and assume full responsibility for any injury or damage sustained, directly or indirectly, from my participation in the Fitness Program.

I acknowledge and agree that it is solely my responsibility to ensure that I am physically fit and/or adequately skilled to use exercise equipment or participate in any exercise activity provided by the Fitness Program. I acknowledge that Corporate Fitness Works, Inc. and _____ have advised me to consult with a medical doctor prior to using exercise equipment or participating in any exercise activity provided in the Fitness Program.

I agree to release and hold harmless Corporate Fitness Works, _____, and the shareholders, directors, officers, employees, independent contractors, agents, representatives, and insurers of Corporate Fitness Works and _____ from any and all claims, liability, damages, losses, costs and expenses, including but not limited to, attorneys' fees, resulting from, or in any way related to, the Fitness Program. I further agree to indemnify and hold harmless Corporate Fitness Works, _____, and the shareholders, directors, officers, employees, independent contractors, agents, representatives, and insurers of Corporate Fitness Works and _____ from damages, losses, costs, and expenses, including attorneys' fees, suffered by Corporate Fitness Works, _____, and/or the shareholders, directors, officers, employees, independent contractors, agents, representatives and insurers of Corporate Fitness Works and _____, as a result of or arising out of my participation in, or association with, the Fitness Program.

It is my intention by signing this document to relieve Corporate Fitness Works and _____ from all liability for personal injury or property damage I may sustain by participating in the Fitness Program. I intend for this Waiver and Release Form to be as broad as permitted by applicable law. If any portion is held invalid, I agree that the remaining portions shall continue in full legal force and effect. This Waiver and Release Form shall be effective as of the date signed below and may not be revoked or amended without the express written consent of Corporate Fitness Works and _____.

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT.

Name of Participant (Print Name) _____ Date _____

Address: Street _____ City _____ State _____ Zip _____

Signature of Participant (or Parent/ Legal Guardian if Participant is under 18) _____

Witness - Corporate Fitness Works (Print Name) _____ Date _____

Signature _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Privacy Policy

This Privacy Policy (the “Policy”) describes how information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.

Your privacy is important to Corporate Fitness Works, Inc. (“Corporate Fitness Works”). This privacy policy (“Policy”) applies to [Corporate Fitness Works’ website, Corporate Fitness Works’ support, and Corporate Fitness Works’ services] (collectively “Products and Services”) and tells you the types of information we collect, as well as how information that can be used on its own or with other information to identify, contact, or locate you as a single person, or to identify an individual in context, is collected, used, disclosed, and protected by Corporate Fitness Works. By using Corporate Fitness Works’ Products and Services, you consent to the data practices described in this Policy. If you do not agree to these terms, please do not access or use our Products and Services.

Information Collected:

We collect personal information from you when you use Corporate Fitness Works’ Products and Services. Personal information is information we collect such as your email address, name, home or work address, telephone number and financial information that you provide to Corporate Fitness Works when you provide information to us (“Personally Identifiable Information”).

The following are examples of the more specific types of information we collect.

- **Registration and membership information.** When you register to use our Products and Services or sign up for a membership, we may collect various kinds of information about you including your name and email address; your title, company and other profile information you provide; and demographic information.
- **Payment information.** We may collect your billing information and address.
- **Submissions and customer service.** From time to time we may use surveys, contests, or sweepstakes requesting personal or demographic information and customer feedback.
- **Automatically collected information.** We automatically receive certain types of information when you interact with our web pages, Products and Services, and communications. For example, it is standard for your web browser to automatically send information to every website you visit, including ours. That information includes your computer’s IP address, access times, your browser type and language, and referring website addresses. We may also collect information about the type of operating system you use, and files and pages accessed or used by you.

Use of Your Information:

Corporate Fitness Works’ professional fitness staff will use the information about you to provide you with a safe and effective exercise program, taking into account the health and fitness capacity and limitations that you disclose to us. We may disclose information about you to other Corporate Fitness Works’ personnel involved in your wellness and fitness program. All reasonable efforts will be made to disclose no more than the minimum information necessary to accomplish the intended purpose.

Information obtained from the Health History, Medical Clearance, and other membership-related forms, whether created by Corporate Fitness Works personnel or physician(s), will be accessible only to Corporate Fitness Works’ personnel having a need to know such information.

We may use your information to send membership bills to you or to your employer for payment and/or to send you information about the fitness center (e.g., to acknowledge participation incentives, awards, and motivational programs). We also may post your name within the fitness or wellness center, unless you specifically object.

We may contact you to provide appointment reminders, information about fitness and wellness program alternatives, or other fitness and wellness center-related benefits and services that may be of interest to you. You may request, in writing, that such information not be sent to you.

We will disclose information about you when required in accordance with federal and state laws, in a lawsuit, for worker's compensation or similar claims, for public health, for health oversight agency activities, or to the military, if applicable.

In the event of a change in fitness center management vendors, Corporate Fitness Works will provide your information to the new vendor only if the new vendor agrees to adhere to the Policy identified here or with your express written permission.

Your Rights Regarding Information We Maintain About You:

Right to Inspect and Copy. You have the right to inspect and copy your information, including your member file. You must submit a written request, signed and dated, in order to obtain this information.

Right to Amend. If you feel that your information is incorrect or incomplete, you may ask Corporate Fitness Works' personnel to amend the information. You may request an amendment as long as the fitness or wellness center has this information. You must submit your request in writing, signed and dated.

Right to Return of Information. Upon the termination of your membership at a Corporate Fitness Works' managed fitness or wellness center, you have the right to request that all of your information be returned to you or destroyed. You must submit your request in writing, signed and dated. Upon return of such information, no copies will be retained by Corporate Fitness Works.

Right to Request Confidential Communications. You have the right to specify the manner in which you want us to communicate confidentially with you regarding your information. You must submit your request in writing, signed and dated. Corporate Fitness Works will use all reasonable effort to comply with your request.

Right to Choose Someone to Act for You. Your legal guardian, if applicable, can exercise your rights on your behalf and make choices about your information.

Right to an Accounting. You have the right to obtain an accounting of the disclosures of your personal information made during the preceding six (6) year period.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your information.

Right to Receive Electronic Copies. You have the right to receive electronic copies of your information.

Right to Obtain a Paper Copy of This Policy. You have the right to obtain a paper copy of this Policy. You may request a copy of this notice at any time.

Security:

We use industry-standard encryption technologies when transferring and receiving your information. Additionally, we implement commercially reasonable security measures at our physical facilities to protect against loss or misuse of your information.

Complaints Regarding Your Privacy:

If you believe your privacy rights have been violated, please submit your complaint, in writing, signed and dated to:

Corporate Fitness Works

1200 16th *Street* North

St. Petersburg, FL 33705

Changes to this Policy:

We reserve the right to change this Policy and make the revised Policy effective for information we already have about you, as well as any information received in the future, from time to time without notice to you. If we make any changes to this Policy, we will change the listed "Updated" date, and we will post a copy of the current Policy in the fitness center. You acknowledge and agree that it is your responsibility to review this Policy periodically and to be aware of any modifications. Your continued use of Corporate Fitness Works' Products and Services after such modifications will constitute your: 1) acknowledgement of the modified Policy and 2) agreement to abide and be bound by the modified Policy.

Use of Medical Information:

Use and disclosure of medical information received from your doctor are not covered by this Policy. Such information will be disclosed only with your written permission. You may revoke that permission in writing at any time, except to the extent that action has already been taken in reliance on your permission.

[SIGNATURE PAGE TO FOLLOW]

Acknowledgment:

By signing below, you acknowledge that you have read and understand the Corporate Fitness Works' Privacy Policy and have been given the opportunity to ask questions about the Policy.

Signature of Participant
(or Parent/ Legal Guardian if Participant is under 18)

Date

Printed Name of Participant
(or Parent/ Legal Guardian if Participant is under 18)

Corporate Fitness Works Signature

Date

Printed Name of Representative