

Mansfield Community Center Member Agreement



$Section \ 1-Membership \ Description$

<u>SilverSneakers® Membership:</u> Full facility use, individual membership FEE: \$0 ENROLLMENT FEE: \$0

Section 2 – Membership Reg	istration		
Name (please print)			DOB//
Phone (h)	(cell)	Cell I	Provider
Address		Town	Zip
			Phone
Tivity Health ID#:	-	=	
and that I may cancel my Member need to submit a request in writin cancellation is approved, I understhe Center approves my cancellation. Complete Agreement: I under	t this Membership Agreen ership Agreement only in a generation to the Center, and that the stand credits or refunds around.	limited circumstances. I understanche Center may not approve the can be not available retroactively and the Community Center Member Guide a	the Mansfield Community Center and I d that if I wish to request a cancellation lecture cellation. In the event that my request for at I will be billed for the month in which and this Membership Agreement represent
oral, other than those contained in Liability for Persons or Prop	n the Member Guide and the Member Guide and the merty: I give permission for	his Membership Agreement are aut for any minor child named on my re	erstand that no representations, written or chorized or binding upon the Center. Egistration form to participate in activities consibility for any persons or things at the
Center by reason of my use of the any person in any way connected the Center. I understand that part involves risk and I grant permissi I or my child may incur. In consid and fatality, which may arise from executors and administrators to Community Center and their afficialisms, demands and causes of accenter activities and its various pentities or from any other cause.	e facility, and I understand with me who, in the sole icipation in any activity a ion to the Center to utilize leration of being allowed to m participation of myself not sue and to release, i iliates, officers, directors, ction whatsoever, that ma programs on or off-site, w This release and indemnifi	d that the Center reserves the right opinion of the Center, is creating a at the Center or in any Center programy medical emergency services in oparticipate in Center activities, I as for my minor child in such activities and hold harmless the employees, volunteers, successor ay arise from the participation of mythether it results from the negligence.	to require that I remove from the facility a disturbance or is disrupting activities at ram on or off-site by my child or myself t deems necessary to treat any injury that assume all risks, including personal injury tes. I agree for myself, my family, heirs, Town of Mansfield and the Mansfield is and assigns from any and all liability, myself or my minor child in Community ce of any of the above named persons or I and inclusive as is permitted by the law
Membership Guide: Your Me and other items related to the Cen			and details important policies, procedures
and facility users. I hereby release	e and permit the Center to		kes photographs of program participants ses any videotapes and/or photographs of INITIALS.
Proof of Residency: Proof of r	esidency is required for al	ll new and returning members 18 ye	ears of age or older.
		Center may suspend or terminate ration of the Center's policies and pro	ny membership without any liability for occdures.
that I have selected and that I am update the Center of any changes received, read, understand and ag below as a participant in the Com	obligated to pay my dues a of address, phone or cred gree to all of the terms of to nmunity Center and its on	and fees regardless of whether I use lit information. On behalf of myseli this Membership Agreement and the and off-site activities indicates he	tities within the scope of the membership of the Center facilities. I agree to promptly f and my entire family, I certify that have ne Members Guide. My child's signature or she has reviewed this document with e same to the fullest extent permitted by
Member's Signature	Date	Mansfield Community Cer Authorized signature	nter Date



Waiver and Assumption of Risk

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 Tivity Health Services, LLC 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 Tivity Health™ 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 Tivity Health 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 Tivity Health 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 Tivity Health participating location, any sponsoring organization, Tivity Health, 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 Tivity Health 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. In addition, I agree that Tivity Health may engage in – and I hereby expressly consent to – (i) the recording (in video and/or still photo format) of my participation in Tivity Health classes, workshops or other programs, and (ii) the publication or other use by Tivity Health of any such recordings in social media, broadcast media, print media, general advertising and similar purposes.

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 Tivity Health 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 veryslow 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		
Lineigency Contact Name	Contact i none Number		