



Mansfield Community Center  
Member Agreement



**Section 1 Membership Description**

**SilverSneakers® Membership:** Full facility use, individual membership  
FEE: \$0 ENROLLMENT FEE: \$0

**Section 2 Membership Registration**

Name (please print) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_ Cell Provider \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Tivity Health ID#: \_ \_ \_ \_ \_ ■ \_ \_ \_ \_ \_ ■ \_ \_ \_ \_ \_ ■ \_ \_ \_ \_ \_

**Section 3 Membership Terms**

**Cancellation:** I understand that this Membership Agreement represents a contract between the Mansfield Community Center and I, and that I may cancel my Membership Agreement only in limited circumstances. I understand that if I wish to request a cancellation I need to submit a request in writing to the Center, and that the Center may not approve the cancellation. In the event that my request for cancellation is approved, I understand credits or refunds are not available retroactively and that I will be billed for the month in which the Center approves my cancellation.

**Complete Agreement:** I understand that the Mansfield Community Center Member Guide and this Membership Agreement represent the complete understanding between the Mansfield Community Center and me. I further understand that no representations, written or oral, other than those contained in the Member Guide and this Membership Agreement are authorized or binding upon the Center.

**Liability for Persons or Property:** I give permission for any minor child named on my registration form to participate in activities at the Mansfield Community Center. I agree to supervise and to assume full control and responsibility for any persons or things at the Center by reason of my use of the facility, and I understand that the Center reserves the right to require that I remove from the facility any person in any way connected with me who, in the sole opinion of the Center, is creating a disturbance or is disrupting activities at the Center. I understand that participation in any activity at the Center or in any Center program on or off-site by my child or myself involves risk and I grant permission to the Center to utilize any medical emergency services it deems necessary to treat any injury that I or my child may incur. In consideration of being allowed to participate in Center activities, I assume all risks, including personal injury and fatality, which may arise from participation of myself or my minor child in such activities. I agree for myself, my family, heirs, executors and administrators to not sue and to release, indemnify and hold harmless the Town of Mansfield and the Mansfield Community Center and their affiliates, officers, directors, employees, volunteers, successors and assigns from any and all liability, claims, demands and causes of action whatsoever, that may arise from the participation of myself or my minor child in Community Center activities and its various programs on or off-site, whether it results from the negligence of any of the above named persons or entities or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the law of the State of Connecticut. If any portion of it is held invalid, the balance shall continue in full force and effect.

**Membership Guide:** Your Membership Guide describes the benefits of your membership, and details important policies, procedures and other items related to the Center. Please read your Membership Guide carefully.

**Photo Release:** I understand that for promotional purposes the Center videotapes and/or takes photographs of program participants and facility users. I hereby release and permit the Center to utilize for said promotional purposes any videotapes and/or photographs of my child or me engaged in facility activities and/or general facility use \_\_\_\_\_MEMBER INITIALS.

**Proof of Residency:** Proof of residency is required for all new and returning members 18 years of age or older.

**Suspension and Termination:** I understand that the Center may suspend or terminate my membership without any liability for failure to adhere to the terms of this agreement or for violation of the Center’s policies and procedures.

**Acceptance of Terms:** As a Member, I understand that I am entitled to use the Center facilities within the scope of the membership that I have selected and that I am obligated to pay my dues and fees regardless of whether I use the Center facilities. I agree to promptly update the Center of any changes of address, phone or credit information. On behalf of myself and my entire family, I certify that have received, read, understand and agree to all of the terms of this Membership Agreement and the Members Guide. My child’s signature below as a participant in the Community Center and its on and off-site activities indicates he or she has reviewed this document with my aid and supervision and agrees with all of its terms, and agrees to be legally bound by the same to the fullest extent permitted by law.

\_\_\_\_\_  
Member’s Signature    Date    Mansfield Community Center    Date  
Authorized signature

**Turn over to complete Tivity Health waiver →**



# 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 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