



Where good health begins

♥ Terms and Conditions of Club Membership ♥ Rules, Regulations and Club Policies

HealthWorks is a medically supervised health, fitness and wellness facility established to meet the needs of its membership. By virtue of the HealthWorks membership, a member agrees to abide by all Terms and Conditions of Club membership as well as Rules, Regulations and Club policies.

Eaton Rapids Medical Center • 1500 South Main • Eaton Rapids, MI 48827
517.663.9530 • www.eatonrapidsmedicalcenter.org/healthworks

Welcome to HealthWorks!

We would like to extend a warm welcome to you from HealthWorks. We are glad that you have chosen HealthWorks as your start to a healthy lifestyle. We want to make your experience here at HealthWorks as pleasurable as possible by providing answers to the most frequently asked questions.

We have an open door policy. If you have any questions, please feel free to stop by the front desk and ask us. We look forward to helping you achieve your health and fitness goals.

♥ Checking In?

You may enter through the East stairway or by coming through the lobby.
Please swipe your membership card at the card reader located on the front desk upon arrival.

♥ What Do I Wear?/Dress Code

Wear what makes you feel comfortable.
(Shirts, shorts, pants, warm ups, sweats and athletic shoes must be worn at all times.)

♥ Orientations & Personal Training

We offer personal training included with the membership, either two 30 minute appointments a week or one 60 minute appointment a week.

♥ Locker and Shower Facilities

Locker and shower facilities are provided for members' convenience. Locks are not provided and HealthWorks will not accept responsibility for lost or stolen articles. Personal locks are to be removed at the end of each visit. HealthWorks reserves the right to remove locks daily and articles in the locker will be stored in the lost and found.

♥ Be Our Guest

We encourage you to bring guests to HealthWorks. All guests must register at the front desk. Guests are also required to fill out and sign all appropriate forms. Guests age 13 to 17 must have a parent/guardian with them on their first visit to fill out appropriate forms.

What is the difference between a fitness orientation and a fitness assessment?

During a fitness orientation, which is included in initiation fee, the fitness staff will give you a tour of the facility, show you the locker rooms & provide you an explanation of the various pieces of equipment available. You will learn how to correctly use the cardiovascular, circuit training equipment, and weight machines that are appropriate for you.

If you are joining a fitness center for the first time, have not used the type of equipment we provide or you just want to change your program, this orientation is a great way to begin your membership at HealthWorks. Our goal is to make you completely comfortable at your fitness center.

A fitness assessment is a complimentary evaluation of your present fitness capabilities. You may choose any or all of the following as often as you like during your membership. The fitness assessment may include an evaluation of your age, height, weight, blood pressure, body composition, skin folds and a combination of the following tests: six-minute walk test, sit & reach, bench press, leg press, push-up and crunch test. An exercise specialist will provide free guidance for your workout regimen based on the results of your fitness assessment.

Fitness Assessment

All HealthWorks members may participate in a fitness assessment by appointment. This is a valuable service which allows the HealthWorks staff to evaluate a number of physiological parameters, including health risk factors. If for some reason a member feels that the fitness assessment is inappropriate, this process can be waived. However, this does not waive the member from paying the initiation fee. The fitness staff may request a written Physician's Consent, pending certain medical conditions.

For a fitness orientation or fitness assessment contact HealthWorks at 517.663.9530.

Membership Qualifications

An individual 13 years of age or older is eligible for membership at HealthWorks, subject to approval by HealthWorks, without regard to race, sex, ethnic background or religion. Membership at Healthworks includes a member's right to use the facilities in accordance with these Terms and Conditions. Rules, Regulations and Club Policies may be amended from time to time. Memberships are non-transferable.

Consumers Right To Cancellation

You may cancel this agreement without any penalty or further obligation within seven (7) days from your joining date or the date the facility is available for your use, whichever is later. Your notice of cancellation must be in writing, signed by you, and postmarked within the seven days to HealthWorks. You must return with your notice of cancellation all agreements, membership card(s) or any other evidence of membership to Healthworks Fitness Center.

Additional Rights To Cancellation

You have the right to cancel this agreement and receive a prorated refund of dues in the event the membership is current and is cancelled prematurely for one of the following reasons:

- 1. If upon a medical doctor's written order, you cannot physically use the facilities/equipment.**
- 2. If you move your residence more than twenty five (25) miles from HealthWorks.**
- 3. In case of death, your estate shall be relieved of any further obligation for payment under the contract.**
- 4. If the services cease to be offered as stated in the agreement.**

Payment Policies

Members may choose to pay for their annual membership in full, semi-annual, quarterly or monthly payments. HealthWorks will accept cash, check or credit card in an amount equal to the full value of the appropriate membership category including the initiation fee. Members will receive an invoice statement from HealthWorks when an upcoming payment is due.

Damages

Members are responsible for any damages to HealthWorks property and/or property of other members and their guests caused by themselves or their family member(s), except due to ordinary wear or usage.

Freezing the Membership

If a membership account is up to date in payment, it may be frozen. A "Freeze Request Form" must be signed and turned in to HealthWorks. Freezes are \$10 per month or \$5 for Seniors. There is no charge for freezes due to medical issues with note from physician.

No Soliciting

Solicitation by members or guests, of any kind, is not allowed at HealthWorks.

Membership Card and Number

Each member is issued a membership number and card. Members must swipe their card at the card reader on the front desk and will be cleared to gain access to HealthWorks. If the card is lost or stolen, a request for a new card must be made to HealthWorks staff. A \$10 replacement fee will apply.

Lost and Found

HealthWorks is not responsible for items lost, stolen or damaged. Lost and found inquiries should be made through the staff desk.

Refreshments

Open containers are not allowed in any of the exercise areas. Water bottles with secure caps are permitted. No glass containers are allowed. Tobacco products, alcohol and illegal substances are prohibited on the premises.

Guest Policies

A free day pass may be used one time per year for anyone eligible for membership. All guests must register at the front desk prior to using HealthWorks Fitness Center. A guest fee of \$5 per visit must be paid in full at each visit thereafter. All guests are required to complete a Physical Activity Readiness Questionnaire (PAR-Q+), and an Agreement to Participate form. Unregistered guests will be asked to leave HealthWorks immediately. Expelled or suspended members may not come as the guest of another member.

Emergency Procedures

Should an accident occur at HealthWorks, immediately report it to the staff desk or notify a staff member. Emergency procedures will be immediately expedited. Should you or a family member become injured while at HealthWorks, we reserve the right to call emergency personnel to assist. All staff are CPR certified and trained to use the AED.

Exercise Equipment Areas

- ♥ Proper etiquette shall be enforced at all times. Horseplay will not be tolerated.
- ♥ Ages 13-15 must be accompanied by an adult while utilizing the equipment.
- ♥ Please limit your workout on cardiovascular equipment to 30 minutes during peak hours.
- ♥ Instruction in the proper use of all equipment is the responsibility of each member.
Ask if you have questions.
- ♥ Use of equipment is at the member's risk
- ♥ Do not drop weights on the floor or slam weight stacks.
- ♥ Please be courteous after exercise, by cleaning the equipment with the towels and cleaner that are provided.
- ♥ Please be safe! Always ask your HealthWorks fitness professional for assistance, if you have a concern.



Membership Card Information

Your HealthWorks membership card is more than just a piece of plastic! It

- ♥ Is your means of checking in when you come to HealthWorks
- ♥ Provides us with valuable information about membership utilization

We will only issue one card per member. If your card is lost or stolen, please report it to HealthWorks staff immediately, so that it can be deactivated. Replacement cards are \$10. For security purposes, it is very important that this card remains in the possession of the HealthWorks member to whom it was assigned.

Some do's and don'ts to keep your card working correctly:

- ♥ Don't poke holes in the card, such as using a push pin to keep the card on a bulletin board
- ♥ Don't put your card in the washing machine or dryer
- ♥ Don't bend your card
- ♥ Keep your card in a safe place, such as your wallet
- ♥ Don't expose your card to heat, such as on the dashboard or in the glove box of your vehicle

If you discontinue your membership, please return your card to the HealthWorks desk.

I acknowledge receipt of information on caring for my membership card and agree to the \$10 fee if this card is lost, stolen, damaged because of misuse or not returned after discontinuation of membership.

Primary Member: _____

Member Signature: _____ Date: _____

Card Number: _____

Membership Application

(Please Print)

Applicant: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Have you ever been a member of HealthWorks before? ☐ Yes ☐ No

E-mail: _____

How did you hear about HealthWorks? _____

Emergency Contact Information

Emergency Contact: _____

Relationship: _____ Phone: _____

Membership Type

I agree to pay for a: ☐ Single Person ☐ 2-Person ☐ Family Membership

Length of membership: ☐ 3 month ☐ 1 year ☐ Silver Sneakers

Are you a full time student (12 credits or more per term)? ☐ Yes ☐ No

Are you 60 years old or more? ☐ Yes ☐ No

Additional Member Information

1. Name: _____ Phone: _____ Birth Date: _____

2. Name: _____ Phone: _____ Birth Date: _____

3. Name: _____ Phone: _____ Birth Date: _____

4. Name: _____ Phone: _____ Birth Date: _____

Membership Rates

Standard	3 Month	12 Month
Single	\$135	\$35 a month
Two-Person*	\$180	\$50 a month
Family*	\$225	\$60 a month

10% discount on all Seniors (60+) / Students Memberships

12 month memberships can be paid annually, semi-annually, quarterly or monthly.

Initiation Fee: \$65.00 (Initiation is a one time fee, as long as the membership dues are current.)

Initiation Fee includes a tour, membership card, explanation of all equipment and a personal exercise plan.

* Two-person and family (two adults & three children) memberships apply to members of the same household. Children must be between the ages of 13 and 21 years of age.

Additional fees for separate classes may apply.

A guest who will be a member temporarily may be issued a temporary membership for one month at a rate of \$45.

Membership Application & Agreement to Participate

I/We hereby make application for membership in the ERM HealthWorks. I acknowledge having received a copy of the club Rules and Regulations. If accepted as a member, I agree to abide by the same. Furthermore, I agree to pay the sum of \$ _____ for an initiation fee which, after a three-day waiting period, shall be non-refundable and I agree to pay all prevailing dues. I understand my membership is non-transferable and dues are subject to change. I also understand that I must turn in my membership card(s) in order to freeze or terminate my membership. I hereby waive any right of cause of action of any kind whatsoever against HealthWorks and its affiliates.

I am aware that by participating at HealthWorks there is an inherent risk of injury. I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibility for any injuries sustained in the course of using this facility and/or equipment. Risks associated with physical activity include the possibility of heart attack, muscle sprains and strains, bruises, cuts, broken bones, and rarely, sudden death; therefore, I understand that Eaton Rapids Medical Center and/or HealthWorks is not to be held accountable for any injuries that are sustained while using the facility. I understand it is my responsibility to notify HealthWorks staff if my health changes requiring an update to my most recent health history records. I understand that this is required of me for the duration of my membership.

HealthWorks Fitness Center reserves the right to immediately terminate your use of, or access to, this Site at any time if HealthWorks decides at its sole discretion that you have breached this Agreement or any relevant law, rule, or regulation, or you have engaged in conduct that HealthWorks Fitness Center considers to be inappropriate or unacceptable.

My signature on this form means that I have read, understand and agree to these terms.

Printed Name: _____ Date of Birth: _____

Signature (Participant/Guardian): _____ Date: _____

☐ Please check this box if you are willing to have photographs and/or videos of your person taken for marketing purposes. We will ask before taking them.

Witness: _____ Date: _____




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