INDIVIDUAL MEMBERSHIP FORM

THANKS FOR JOINING THE JCS COMMUNITY WELLNESS CENTER!

TO PURCHASE & ACTIVATE YOUR MEMBERSHIP, YOUR PLAN MUST BE PURCHASED ONLINE (1 MONTH, 3 MONTH, 6 MONTH, 12 MONTH OPTIONS AVAILABLE)
OR PAID ON A YEARLY BASIS BY CHECK OR CASH.

MEMBERSHIP PURCHASED ONLINE
PLEASE SET UP YOUR SUBSCRIPTION ONLINE AT WWW.JEWELLCOUNTYSTRONG.COM , VISIT WITH THE OFFICE STAFF AND HAVE THEM ENTER YOUR CARD INFORMATION INTO OUR SYSTEM, OR FILL OUT THE ATTACHED CARD AUTHORIZATION FORM. PAYMENT WILL BE COLLECTED BEFORE KEY FOB IS ACTIVATED.

NAME & EMAIL ASSOCIATED: _____

1 YEAR, IN PERSON PURCHASE

CASH OR CHECK:_____

MEMBERSHIPS ARE AUTOMATICALLY RENEWED UNTIL CANCELLED.
UNRETURNED KEY FOBS WILL BE SUBJECT TO A $25 CHARGE.

First Name: _____ Last Name: _____

Street Address (or PO Box): _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone Number: _____ Date of Birth: _____

Member Agreement:
I have read and agree to abide by the Membership Rules & Regulations of the Jewell County Strong Community Wellness Center. I understand that my membership is non-transferable and non-refundable. I understand that my membership will be considered active until I complete the membership cancellation form. I also understand that if I lose my key fob, a $25 fee will be charged to my account.

_____ _____
Member Signature Date

_____ _____
Guardian Signature (if participant is under 18) Date

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

By signing this agreement, I commit to the selected membership payment option and acknowledge that my membership is non-transferable and non-refundable.

I understand and agree that a 24/7 gym membership is based on trust and can be revoked for violations of rules.

I acknowledge that membership rates and services may change without notice.

I consent to the use of my image in promotional materials.

I understand that Jewell County Strong Inc. is not responsible for lost or stolen articles under any circumstances.

I agree to not share my membership key fob/card with any other person and understand that one act of key sharing will result in immediate membership suspension or termination.

I understand that Jewell County Strong Inc. strongly recommends a physician consultation for a health screen to determine any precautions or contraindications to exercising prior to beginning a fitness routine at the wellness center. If I choose to not obtain such a consultation, I understand that I am exercising at my own risk. I voluntarily assume the risk of injury, accident, death, loss, cost or damage to my person or property which might arise from my use of the wellness center, and I agree to hold harmless and release the wellness center, Jewell County Strong, Inc. and its officers, directors, board members, agents, employees, representatives, executors, instructors, and all others from any and all liability. I also release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment at the wellness center during staffed or non-staffed hours.

I understand that I am purchasing a membership at a 24-7 facility that allows access at any time. As such, I am aware that there will be no supervision or assistance except during scheduled class times, programs, or events. I agree to assume the risk of participating in exercise in the wellness center and any indoor or outdoor instructor-led exercise classes, and further agree to release and forever discharge Jewell County Strong Inc., and wellness center staff members, volunteers, and instructors from any and all claims, suits, losses or related causes of action from damages during or arising in any way from any program participation.

In signing this consent form, I affirm that I have read this form in its entirety and that I will abide by the rules and regulations of the Jewell County Community Wellness Center.

_____
Participant Name (printed)

_____ _____
Participant's Signature Date

_____ _____
Guardian Signature (if participant is under 18) Date

_____ _____
JCS Staff Member Signature Date

For Office Use Only			
Membership #: _____	Amount Paid: _____		
Payment method: Check # _____	Cash	EFT	Credit Card

JEWELL COUNTY STRONG COMMUNITY WELLNESS CENTER
AUTHORIZATION FORM FOR AUTOMATIC MEMBERSHIP FEE WITHDRAWAL

Member Information
Name: _____
Address: _____**City/State/Zip:** _____
Phone Number: _____**Email Address:** _____

Authorization for Automatic Payment
I authorize Jewell County Strong Community Wellness Center (Jewell County Strong Inc.) to automatically withdraw membership fees from my:

☐ Debit Card ☐ Credit Card

Card Information
Cardholder Name: _____ (If using debit/credit card)
Card Number: _____
Expiration Date: _____
CVV (Security Code): _____

Type of Card:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Billing Address (if different from above):
Street Address: _____
City/State/Zip: _____

Payment Details
Frequency of Withdrawal:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Start Date of Automatic Withdrawal: _____ (MM/DD/YYYY)
Amount to be Withdrawn: _____ (As per membership plan)

Authorization Statement
By signing below, I authorize Jewell County Strong Community Wellness Center (Jewell County Strong Inc.) to charge the account listed above for payment of my membership fees as specified. This authority will remain in effect until I give written notice to cancel it. I understand that I am responsible for any fees incurred due to insufficient funds or incorrect information provided.

Member Signature: _____
Date: _____

For Office Use Only
Received By: _____
Date Received: _____
Processed By: _____
Date Processed: _____

Comments:

Please complete all sections of this form and return it to the front desk or the designated secure drop-off location at the wellness center. If you have any questions or need assistance filling out this form, please

contact our member services team. Thank you for choosing to automate your membership payments, ensuring uninterrupted access to our facilities and services.

JEWELL COUNTY STRONG COMMUNITY WELLNESS CENTER
PRE-MEMBERSHIP HEALTH QUESTIONNAIRE

NAME: _____ DATE: _____/_____/_____

EMAIL: _____

PHONE: _____ DATE OF BIRTH: _____/_____/_____ CURRENT AGE: ____

EMERGENCY CONTACT:_____ PHONE:_____

Regular physical activity is fun and healthy and for most people safe. However, some individuals may have health-related risks that may require them to check with their physician prior to starting an exercise program. To help determine if there is a need for you to see your physician before starting an exercise program, please read the following questions and answer carefully. All information provided will be kept strictly confidential.

I. PHYSICAL ACTIVITY SCREENING QUESTIONS

YES NO

- ☐ ☐ 1. Are you currently 40 years of age or older?
- ☐ ☐ 2. Do you experience numbness or pain regularly?
- ☐ ☐ 3. Do you experience chest pain when you are physically active?
- ☐ ☐ 4. Are you epileptic?
- ☐ ☐ 5. Have you ever broken any bones?
- ☐ ☐ 6. Do you have bone or joint problems that become aggravated by increasing physical activity?
- ☐ ☐ 7. Do you have a heart condition?
- ☐ ☐ 8. Have you been advised by a physician to avoid any type of physical exercise?

If you answered YES to any of the above questions, it is recommended that you consult your physician via phone or in person before participating in a physical activity program.

II. GENERAL HEALTH HISTORY QUESTIONS

YES NO

☐ ☐ 1. Have you ever experienced a stroke?

☐ ☐ 2. Do you have diabetes? If yes, are you currently taking medications or receiving treatment related to diabetes? _____

☐ ☐ 3. Do you have asthma or other respiratory conditions that affect breathing? If yes, please describe._____

☐ ☐ 4. Do you have an orthopedic condition that restricts your physical activities? If yes, please describe.

☐ ☐ 5. Have you ever been told by a physician that you have the following?

(Check applicable box)

☐ high blood pressure

☐ elevated blood lipids including cholesterol

☐ ☐ 6. Do you currently smoke?

☐ ☐ 7. Do you experience back pain or discomfort that prevents you from performing normal daily activities?

☐ ☐ 8. Are you pregnant?

☐ ☐ 9. Do you currently exercise less than one hour per week? If"NO", please describe your activities. _____

☐ ☐ 10. Are you currently taking medications that might impact your ability to safely perform physical activity?

AGREEMENT AND RELEASE OF LIABILITY

In further consideration of being allowed to utilize the JEWELL COUNTY STRONG COMMUNITY WELLNESS CENTER and any of its equipment, I do hereby state and agree as follows:

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of exercise equipment, are potentially hazardous activities that involve the risk of serious injury and even death. As such, I acknowledge that I am voluntarily participating in these activities and assume all risks associated with them.
a. (Please initial _____)

2. I understand that JEWELL COUNTY STRONG COMMUNITY WELLNESS CENTER is a 24-hour facility and that, as a member, I will have access to the facility at all times, even at times when the facility is completely unstaffed. I am aware of the risks inherent in exercising in an unstaffed fitness center and assume all risks associated with using the facility during those unstaffed time periods, including the inability to call for emergency assistance should it be necessary.
b. (Please initial _____)

3. I, for myself, my heirs, assigns, executors, administrators and legal representatives, hereby waive, release, and forever discharge Jewell County Strong Community Wellness Center and Jewell County Strong Inc., their agents, employees, volunteers, officers, directors and representatives (hereinafter collectively referred to as the “Released Parties”), from any and all liability for injury, damages or death arising out of or relating in any way to my use of the Jewell County Strong Community Wellness Center. I fully assume all risks associated with use of Jewell County Strong Community Wellness Center even if due to the NEGLIGENCE and/or CARELESSNESS of the released parties.
c. (Please initial _____)

4. The release set forth in paragraph 3 above includes, but is not limited to, any and all damages caused, in whole or in part, by the NEGLIGENCE and/or CARELESSNESS of the released parties, including but not limited to any alleged failure to: maintain the facility and its equipment; to properly staff the facility; and/or to properly train the staff.
d. (Please initial _____)

5. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, and illness that would prevent my safe participation or use of the equipment, machinery and/or programs available at the Jewell County Strong Community Wellness Center. I also acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise and training equipment and machinery. I also acknowledge that I has been

recommended that I have a yearly physical examination with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

e. (Please initial _____)

I ATTEST THAT ALL THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

Printed Name _____

Signature _____ Date: _____

Guardian Signature (if participant is under 18):

_____ Date:_____