

SilverSneakers® Enrollment Form**Member Information**

Date _____

Lname _____ Fname _____ MI _____

Street Address _____ City _____

State _____ ZIP _____

Date of Birth ____/____/____ Age _____ Home Phone _____

E-mail _____

Emergency Contact _____ Emergency Phone _____

What is your reason for joining? _____

Are you a Collins retiree receiving a pension or currently related to a Collins Aerospace Employee or Retiree? Yes or No

If yes, what is the name of the Employee? _____

Collins Aerospace Rec Center**Acknowledgement of Assumption of Risk, Indemnity Agreement, Waiver and Release**

I, the undersigned, know and understand that the use of Rockwell Collins, Inc., a part of Collins Aerospace (“COLLINS”) Rec Center, hereinafter referred to as “Rec Center”, and my participation in related events for recreation, the improvement of fitness, and/or the improvement of athletic skills may:

- Involve potentially hazardous or dangerous activities and conditions or
- Cause me injury, including but not limited to: muscle sprains and strains, ligament tears, broken bones, back injuries or heart attacks, some of which may even cause paralysis or death.

I attend the Rec Center and its related events out of my own free will and choice. In choosing to use the Rec Center or participate in its related events, I fully accept and assume the risk of injury, whether before, during, or after my use of the Rec Center or participation in its events. This includes, without limitation, physical injury, mental injury, emotional distress, trauma, sickness, illness, death, contact with other participants, inadequate safety equipment, the effects of weather including extreme temperature or conditions, and negligence of others participating in the events, including those watching or observing.

I am aware that the risk of injury or death is always present while exercising and that this risk cannot be eliminated by COLLINS or the Rec Center’s managers or employees while using the Rec Center or participating in its related events. All risks are known appreciated and assumed by me and I waive any and all specific notice of the existence of them and further waive the obligation, if any, that any other person or entity has to advise or warn me of them. I assume liability for and agree to pay my own medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses.

I realize that the use of the Rec Center and/or the participation in its related events may require physical conditioning. I represent that I am in sound medical condition capable of using the Rec Center or participating in Rec Center events without risk to myself or others.

I have no medical impediment that would endanger others or me. I will be solely responsible for the condition and adequacy of my athletic equipment and safety gear. I will exercise safely within the limits of my own abilities, my equipment, the environmental conditions, and in a manner that does not endanger others or me. Knowing these facts and in consideration of my membership to the Rec Center and/or use of the Rec Center and participation in its related events, I for myself, spouse, children, heirs, next of kin, executors, administrators, assigns and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold COLLINS and its subsidiaries and affiliated entities and its directors, officers, employees, representatives, agents, and successors; Match Play Tennis Centers, Inc. and its subsidiaries and affiliated entities and its directors, officers, employees, representatives, agents, and successors; Rec Center event co-sponsors and volunteers harmless from any and all claims, demands and actions of any and every kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or use of the Rec Center and/or participation in any related events.

My waiver and release of all claims, demands, actions and liabilities shall include without limitation, any personal injury, accident, illness or death and any property damage or loss that may be: (a) caused by any act, or failure to act, by the above-identified persons and entities, including without limitation, their negligence, errors, omissions in providing exercise advice or the failure to enforce rules and/or (b) sustained by me before, during or after the use of the Rec Center and the participation in its related events.

I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature for this to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further acknowledge that no representations, promises, statements or inducements have been made to me other than as set forth in this document. I will abide by all Rec Center rules and regulations. I further agree to indemnify and hold the parties released above harmless from any and all losses, damages, injuries, claims and expenses, including attorneys' fees, arising from or relating in any respect to my use of and/or participation in Rec Center and/or its related events or my breach of this agreement. If I am a minor, my parent or guardian also is signing on my behalf. We both agree to be bound by the terms of this agreement, waiver and release. I also waive all spousal claims relating to the Rec Center, if any, that I hold or that may arise through me. I agree that no modifications or amendments to this waiver and release shall be binding unless they are accepted in a separate writing signed by COLLINS's Senior Vice President, People and Inclusion.

I have read the foregoing Rec Center Acknowledgement of Assumption of Risk, Indemnity Agreement, Waiver and Release and have voluntarily executed this document with full knowledge of its content.

Member Signature _____ **Date** _____

Physical Activity Waiver

I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge that the strenuous nature of the program and the risks associated with my participation in the program have been explained to me, including, but not limited to, risks of physical injury, abnormal blood pressure, heart attack and death; and risks associated with the negligence of a Healthways participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a Healthways location (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 program, including, but not limited to, the negligence of a Healthways participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a participating location (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue a class instructor, a Healthways participating location, any sponsoring organization, Healthways, Inc., or any of its subsidiaries or any other organization providing or promoting classes, functions, programs, testing, or other activities that I participated in at a Healthways location (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 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.

I have read, understand, had explained to me, and had the opportunity to ask questions concerning this waiver, release, 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 Healthways participating location.

Print Member's Name

Member Signature

Date

Emergency Contact Name

Contact Phone #

Participating Location Name & Staff Signature

Date

Activity Readiness Assessment

Please read and consider the following list of conditions. To protect your privacy, please **DO NOT WRITE** anything next to them:

- Chest pains while at rest and/or during exertion
- Previous heart attack
- High blood pressure
- Diabetes
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Previous hip or spinal fracture (as an adult)
- Shortness of breath after mild exertion, at rest, or in bed
- Open cuts on your feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- 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
- Lung disease
- More than two falls in the past year (no matter what the reason)
- More than one year since you have engaged in regular physical activity

1. Is your physician unaware of any of the above conditions?

Check One Yes No

2. Has your physician recommended any limitations to your physical activity?

Check One Yes No

Please sign that you understand the above questions and have completed this assessment. Ask your Program Advisor if you have any questions or concerns.

Name (Please print): _____

Signature: _____ Today's date: _____

Note:

You may be asked to obtain a signed Release for Activity or a note from your health care provider allowing you to participate before starting the program. If you are not asked to obtain a release, you are cleared to begin a gradual program of regular exercise.

2010 Copyright Healthways, Inc. (Version 2011) Confidential

Name: _____

To give you the best possible start at the Rec Center, please answer the following questions:

What time are you most likely to visit the Rec Center?

4-7 AM 7-10 AM 10 AM-12 PM 12-4 PM 4-8 PM 8-11 PM

Do you currently exercise? Yes No

If yes, what are you currently doing for exercise?

Cardio Weight Training Group Classes Personal Training Mind Body Exercise
 Sports Leagues Family Activities Other _____

What area/s of the Rec Center are you most interested in? Cardio Equipment Weight Training

Group Classes Nutrition Counseling Active Senior Fitness Kickboxing

Personal Training Mind Body Exercise Leagues Other _____

New Member Consultation Options:

Please check one option and return to front desk

Consultations are provided by our certified Exercise Physiologists and Fitness Trainers

60 minute Consultation: (Premium)

- ✓ Discuss goals
- ✓ Learn about our programs
- ✓ Take a tour
- ✓ Detailed equipment demonstration (3-5 pieces)
- ✓ Schedule programming or fitness test appointment (optional)

30 Minute Consultation: (Basic)

- ✓ Learn about our programs
- ✓ Take a tour
- ✓ Basic equipment demonstration (2-3 pieces)

***The fitness staff is always available by appointment to help with any further questions.**