

**DiSepio Institute for Rural Health and Wellness
Fitness Center
Staff Membership Application**

Date: _____
New: <input type="checkbox"/>
Renewal: <input type="checkbox"/>

MEMBER INFORMATION

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email: _____

Gender (circle one): Male Female Date of Birth: _____

Type of Membership (circle one): Employee Couple Family

If a spouse or sponsored dependent, please provide SFU employee name: _____

Payment (circle one): Semester Monthly Payroll Deduction

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

MEDICAL HISTORY

Heart Trouble	Yes	No	High Blood Pressure	Yes	No
Palpitations	Yes	No	High Cholesterol	Yes	No
Lung Disease	Yes	No	Asthma	Yes	No
Chest Pain w/ Exercise	Yes	No	Chest Pain at Rest	Yes	No
Heart Murmur	Yes	No	Abnormal EKG	Yes	No
Claudication	Yes	No	Dizzy Spells	Yes	No
Shortness of Breath	Yes	No	Lung Disease	Yes	No
Diabetes	Yes	No	Smoker	Yes	No
Joint Pain	Yes	No	Fainting	Yes	No
Swelling of Ankles	Yes	No	Cancer	Yes	No
Seizures	Yes	No	Stroke	Yes	No

Are there any other medical conditions that we should be aware of that may prevent you from performing physical activity? _____

List any surgeries or hospitalizations that you have had: _____

List any medication, vitamins, herbals, or supplements that you are currently taking: _____

Does anyone in your immediate family (father, mother, sister, brother, aunt, uncle or grandparent) have a history of heart disease or artery disease? _____

Are you currently participating in any type of physical activity? If so, what type of activity and how frequently do you participate? _____

Are there any other questions or concerns that you feel you should bring to the staff's attention prior to participating in any physical activity program? _____

I have read this questionnaire and have understood all of the components. I realize that my answers to the above and following questions will be considered by the DiSepio Fitness Center in determining whether I shall be permitted to participate in certain programs offered by the Center and accordingly I certify that such answers are true and correct and in the event that any such answers should prove to be untrue, I release the DiSepio Fitness Center and Saint Francis University from any and all liability, costs, damage, and expenses resulting from its reliance thereof.

Member Signature: _____ **Date:** _____

Image and Likeness Permission:

I further consent to the use of the DiSepio Fitness Center Member or Participant's name, image, an likeness depicting his/her participation in the event (in any literary, audio, visual, photographic, film, video, or other form) by the DiSepio Institute and Saint Francis University for archival and promotional material only.

Signature: _____ **Date:** _____

STAFF USE ONLY

Cleared to exercise: _____ Not Cleared to exercise: _____

Reason: _____

Staff Signature: _____ Date: _____

**DiSepio Institute for Rural Health and Wellness
at Saint Francis University
Release and Waiver of Liability Form**

HEALTH STATEMENT: In requesting permission to access or use the equipment at the DiSepio Institute for Rural Health and Wellness at Saint Francis University, I affirm that my general health is good and that I am not adversely affected by the exercise that I will undertake. I am not currently under the care of a physician who should be advised of my desire to participate in physical activity. If I am under the care of a physician, I affirm that I have received his/her permission to participate in physical activity at the DiSepio Institute. **If you have answered yes to any of the medical history questions you will need a doctor to sign off on your application in order to be a member of the DiSepio Institute.**

AGREEMENT TO FOLLOW RULES AND POLICIES: I understand that the DiSepio Institute for Rural Health and Wellness at Saint Francis University provides both directed and self-directed programs. I understand that I may be provided a general overview of the equipment. Fitness instruction is available, upon request, by trained staff members. I agree to follow all rules and policies of the DiSepio Institute. I agree to abide by any reasonable requests concerning use of the facility as directed to me by the staff of the DiSepio Institute. I agree to operate and use the equipment only in the manner in which it was intended and designed to use, therefore following all written and verbal instructions provided by the staff at the DiSepio Institute. I understand that if I fail to abide by and follow instructions or requests by the staff, this may result in the termination of my privileges at the facility. I further understand that the staff at the DiSepio Institute has the right to terminate or alter my privileges at the facility at their discretion. Membership fees would not be refunded to individuals that have had their privileges terminated at the facility.

RELEASE AND WAIVER: I hereby accept all risks, known and unknown, to my health that are associated with my access to the DiSepio Institute for Rural Health and Wellness. I accept all risks to my health, risk of injury, or even death that may result from my participation in activities and exercise sessions at the facility. I release the facility for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result or occur during my use of the facilities, whether caused by negligence of the DiSepio Institute, the University, its governing board, officers, employees, or representatives or otherwise. I agree to release and hold harmless the DiSepio Institute for Rural Health and Wellness at Saint Francis University and its employees from any and all liability whatsoever which may result from my use of the facility or the equipment. This statement shall serve as a release and hold harmless the DiSepio Institute for Rural Health and Wellness and its employees by my heirs, executors, administrators, if any and me.

I have carefully read this agreement and understand it to be a release and waiver for all claims and causes of action for my injury or death or damage to my property that occurs while using the DiSepio Institute for Rural Health and Wellness and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Member Signature: _____ Date: _____

Name (please print): _____

Physician Signature (if necessary): _____ Date: _____

Name (please print): _____

REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS

I am the parent or legal guardian of _____ and am registering _____ to participate in a program or activity offered by the DiSepio Fitness Center. I have read and reviewed this Agreement, and am voluntarily signing it on behalf of my child/ward _____ in my capacity as parent and legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement a set forth above, including but expressly not limited to those terms and conditions pertaining to taking photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.

Signature: _____ Date: _____

**DiSepio Institute for Rural Health and Wellness
108 Franciscan Way
Loretto, PA 15940**

Acknowledgement of Receipt of Privacy Notice

Purpose of this Acknowledgement

This acknowledgement, which allows the DiSepio Institute to use and/or disclosure personally identifiable health information for treatment, payment or healthcare operations, is made pursuant to the requirements of 45 CFR 164.520(c)(2)(ii), part of the federal privacy regulations for the Health Insurance Privacy and Accountability Act of 1996 (the "Privacy Regulations").

Please read the following information carefully:

1. I understand and acknowledge that I am consenting to the use and/or disclosure of personally identifiable health information about me by DiSepio Institute for Rural Health and Wellness (the "DiSepio Institute") for the purpose of treating me, obtaining payment for treatment of me, and as necessary in order to carry out any healthcare operations that are permitted in the Privacy Regulations.
2. I am aware that the DiSepio Institute maintains a Privacy Notice which sets forth the types of uses and disclosures that the DiSepio Institute is permitted to make under the Privacy Regulations and sets forth in detail the way in which the DiSepio Institute will make such use of disclosure. By signing this Acknowledgement, I understand and acknowledge that I have received a copy of the Privacy Notice.
3. I understand and acknowledge that in its Privacy Notice, the DiSepio Institute has reserved the right to change its Privacy Notice as it sees fit from time to time. If I wish to obtain a revised Privacy Notice, I need to send a written request for a revised Privacy Notice to the office of the DiSepio Institute at the following address: **108 FRANCISCAN WAY, LORETTO, PA 15940, Attention: Jay Roberts, Saint Francis University/Director of DiSepio Institute.**
4. I understand and acknowledge that I have the right to request that the DiSepio Institute restrict how my information is used or disclosed to carry out treatment, payment or healthcare operations. I understand and acknowledge that the DiSepio Institute is not required to agree to restrictions requested by me, but if the DiSepio Institute agrees to such a requested restriction it will be bound by that restriction until I notify it otherwise in writing.

I request the following restrictions be placed on the DiSepio Institute's use and/or disclosure of my health information (leave blank if no restrictions):

I understand the foregoing provisions, and I wish to sign this Acknowledgement authorizing the use of my personally identifiable health information for the purpose of treatment, payment for treatment and healthcare operations.

By signing this form, I acknowledge that I have reviewed an executed copy of this acknowledgement and reviewed a copy of the DiSepio Institute's Policy Notice (found at <https://www.francis.edu/fitness-center/>) and agree to the DiSepio Institute's use and disclosure of my protected health information for treatment, payment and healthcare operations.

Signature of Client or Representative

Date

Client's Name

Date of Birth

Name of Personal Representative (if applicable)

Relationship to Client

To be completed by the DiSepio Institute:

The requested restrictions on the use and/or disclosure of the client's health information set forth above are:

_____ Accepted _____ Denied _____ Not Applicable

_____ Other (explain) _____

Signature of Authorized DiSepio Institute Representative

Date

**DISEPIO INSTITUTE FOR RURAL HEALTH AND WELLNESS FITNESS CENTER
2021-2022 PAYROLL DEDUCTION AUTHORIZATION FORM**

PERSONAL INFORMATION

Please print all information

Name (Last, First, MI) _____

SFU Photo ID # _____ SSN (last 4 digits) _____

Department _____

Daytime Phone Number _____ Email address _____

Classification (Please circle one): Faculty Staff

Membership (Please circle one): Employee Couple Family

Secondary Member: (only complete if purchasing a couple or family membership and both adults are employed by Saint Francis University or any of its affiliated organizations):

NOTE: Individual must be currently employed as faculty/staff to be eligible for a membership

FEE

<u>Payroll Deduction Total</u>	<u># of Pay Periods</u>	<u>Amount Deducted/Pay Period</u>
\$192 (Employee Membership)	24	\$8.00
\$288 (Couple Membership)	24	\$12.00
\$384 (Family Membership)	24	\$16.00

MEMBERSHIP DATES

Membership Start Date:

AUTHORIZATION OF PAYROLL DEDUCTION AND STIPULATIONS

Signature Required Below

I authorize Saint Francis University to initiate payroll deduction(s) for my membership dues of the DiSepio Fitness Center as indicated herein. I agree to have this deduction paid directly to the DiSepio Fitness Center through its Payroll Deduction Authorization Program.

I understand the following:

- Deductions are voluntary on my part and my membership will continue indefinitely until a membership cancellation form and stop payroll deduction form are completed.
- If I cancel my membership, payroll deduction will continue for one more pay period, as it is a pay period behind upon initiating a membership
- Deductions affect only the price to access the DiSepio Fitness Center and exclude deductions of any other fees for services obtained at the DiSepio Institute.
- Deductions will be withheld semi-monthly regardless of how often I choose to utilize the DiSepio Fitness Center at Saint Francis University.
- Cancellation of payroll deduction may be granted for one of the following reasons:
 - Employment from Saint Francis University is terminated. Verification will be made by Human Resource.
 - Medical emergencies that inhibit the member from utilizing the Fitness Center. Written documentation is required by a physician.
 - Termination of Membership.
- For payroll deduction, access to the DiSepio Fitness Center will be terminated at the time the written request for cancellation is received and granted. There are to be no prorated refunds. Cancellation of payroll deduction is subject to the DiSepio Institute for Rural Health and Wellness administrative approval.
- Application forms that are not completely filled out will not be processed.

**** Participation in activity at the DiSepio Fitness Center is on a voluntary basis. By voluntarily electing to use the DiSepio Fitness Center, I understand that I do so at my own risk. In exchange for being permitted to participate in physical activities and/or exercises within the Fitness Center, I hereby release and waive Saint Francis University, the DiSepio Institute for Rural Health and Wellness, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives and volunteers of the foregoing ('The Released Parties') from liability of any kind, of or to me or any other person, directly arising out of or in connection with my participation in or attendance in the DiSepio Fitness Center.

Employee Signature (required): _____

Date: _____