

**DiSepio Institute for Rural Health and Wellness
Fitness Center
Alumni/Retiree Membership Application**

Date: _____
New: _____
Renewal: _____
Membership ID: _____

MEMBER INFORMATION

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: __ () _____ Work Phone: __ () _____

Email: _____

Gender: (Circle One) Male Female Date of Birth (mm/dd/yy): _____

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

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, and 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: _____

**The 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. If I am not currently under the care of a physician, I understand that it is my responsibility (and not the responsibility of the Fitness Center) to consult a physician and express to them my desire to participate in an exercise program. 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.

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 of 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.

Signature: _____ 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 as set forth above, including but expressly not limited to those terms and conditions pertaining to taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.

Signature: _____

STAFF USE ONLY

Cleared to exercise _____

Not cleared to exercise _____

Reason _____

Staff signature _____

Date _____

**DISEPIO FITNESS CENTER
ALUMNI/RETIREE MEMBERSHIP AGREEMENT FORM**

PERSONAL INFORMATION

Please print all information

Name (Last, First, MI) _____

Home Address _____

Secondary Members: (list names and dates of birth for all members involved in a couples or family membership only):

Fee:

Rate	Membership Type	
Alumni and Retiree Single	6 Month- \$90 12 Month- \$165	Alumni- Proof of graduation Retiree- SFU Retirement Form Fitness Center ID card***
Alumni and Retiree Couple	6 Month- \$125 12 Month- \$235	Alumni- Proof of graduation Retiree- SFU Retirement Form Fitness Center ID card for member and spouse***
Alumni and Retiree Family	6 Month- \$165 12 Month- \$315	Alumni- Proof of graduation Retiree- SFU Retirement Form Fitness Center ID card for member, spouse, and eligible dependents***

Payment is to be made by cash or check only. A \$30.00 fee will be assessed to any member for a returned check as a result of insufficient funds, account closed, or similar circumstances.

*** \$10 Activation Fee will be charged for a Fitness Center ID Card for each single member, couple, and family member

Single Membership Policy

- a. Retiree or Alumnus of Saint Francis University.

Couple Membership Policy

- a. Retiree or Alumnus of Saint Francis University and spouse.

Family Membership Policy

- a. Retiree of Alumnus of Saint Francis University and family as defined below..
- b. An eligible dependent must be 1) an unmarried child, step-child, ward, or person for whom the community resident is in loco parentis (legally responsible for the parental care) and 2) between the ages of 17 and 23.
- c. Eligible dependents, under the age of 18 years old must be accompanied by a parent or guardian at all times to access and utilize the Fitness Center. Eligible dependents from the ages of 18-23 may access the Fitness Center without being accompanied by a parent or guardian.

Billing Procedure

UPON RECEIPT OF THIS APPLICATION BY THE DiSEPIO FITNESS CENTER I (WE) HEREBY AGREE TO AND ACCEPT THE TERMS AND CONDITIONS OF THE MEMBERSHIP AGREEMENT PRINTED ON THIS APPLICATION.

I understand the following:

- o For 6 and 12 month memberships, at the end date of their membership, a new membership agreement form must be completed to initiate a new membership in order to be granted access to the DiSepio Fitness Center.
- o Payment is to be made by cash or check only. A \$30.00 fee will be assessed to any member for a returned check as a result of insufficient funds, account closed, or similar circumstances.
- o Refunds of prepaid membership dues will be deemed appropriate by the Fitness Center management staff if a member cancels for any reason listed in the Buyers Right to Cancel. If a membership is cancelled for any reason other than the ones listed below in the Buyers Right to Cancel, the member will not receive a refund of prepaid membership dues.
- o Application forms that are not completely filled out will not be processed.

Buyers Right To Cancel

Signature Required Below

The member has the right to cancel this contract within three (3) business days after the date of the signing of the contract by notifying the DiSepio Fitness Center at the above address or hand delivering the notice to the Fitness Center with receipt before twelve midnight (12:00 a.m.) on the third business day after the date of the contract. Such notice must say that the member does not wish to be bound by this contract and be accompanied by the contract forms, membership cards, and any and all other documents as evidence of indebtedness signed by the member and will be cancelled by the DiSepio Fitness Center. Member may cancel this contract if the fitness center moves or goes out of business and fails to provide alternative facilities within five (5) miles of the location designed in this contract. Member may also cancel if he/she becomes disabled, and their estate may cancel in the event of their death. Member must prove disability by a doctor's certificate and the Fitness Center may also require that member submit to a physical examination by a doctor agreeable to member and the Fitness Center. If this contract is cancelled due to the any of the above reasons, prepaid membership dues will be refunded as deemed appropriate by the DiSepio Fitness Center management staff.

Member Signature (required): _____

Date: _____

For Staff Use Only:

Membership Start Date: _____

Membership End Date: _____

Membership Fee: \$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check	
Member Number: _____	Post By: _____	Date: _____
Membership cards issued to:		
1. Name _____	Relationship _____	D.O.B. _____
2. Name: _____	Relationship _____	D.O.B. _____
3. Name: _____	Relationship _____	D.O.B. _____
Staff Initials _____		

**DISEPIO FITNESS CENTER
MEMBERSHIP RULES AND REGULATIONS**

CHECK IN

Members must check in each time that they use the DiSepio Fitness Center. To check in, please present current membership card at the front desk upon arrival. Membership cards are not transferrable. Failure to abide by this rule will result in forfeiture of membership privileges. Fitness Center usage may be denied if a member does not present their membership card. In the case of a lost card, there will be a \$10 charge for a replacement card.

HOURS OF OPERATION

Business hours, policies, and regulations are subject to changes without notice. The Fitness center may either close or operate at reduced hours on holidays or during semester breaks.

MEMBERSHIP FEES AND CANCELLATION

Membership use and services must be paid in advance. All fees and schedules are subject to change without notice. The obligation to pay dues is not dependent on the availability of all the Fitness Center's facilities. All monthly memberships or three month membership dues must be paid within 5 days of the start of the month, or the membership will be flagged as delinquent, and the membership will no longer be valid until the dues are paid. Prepaid membership dues are nonrefundable unless the member meets the following exceptions: Member may cancel this contract if the fitness center moves or goes out of business and fails to provide alternative facilities within five (5) miles of the location designed in this contract. Member may also cancel if he/she becomes disabled, and their estate may cancel in the event of their death. Member must prove disability by a doctor's certificate and the Fitness Center may also require that member submit to a physical examination by a doctor agreeable to member and the Fitness Center

BUYER'S RIGHT TO CANCEL

New members have three days after signing the membership agreement to cancel their membership without penalty. If the new membership agreement is cancelled within three days, the DiSepio Fitness Center will return to the members within thirty days all amounts paid. To cancel, new members must call or come into the DiSepio Fitness Center from desk personnel of their wish to cancel.

ATTIRE

Proper attire is required for members utilizing the facility. Jeans, cut-off shorts, sandals, and flip-flops are not permitted in the Fitness Center. Full sleeved t-shirts must be worn at all times, no tank tops, sports bras, or cut-off shirts permitted. Shirts with offensive wording are prohibited. Shoes must be clean and dry.

EQUIPMENT

All equipment must be used as designed. If you are not familiar with a piece of equipment, please ask a staff member in the DiSepio Fitness Center. Members must be familiar with and observe fitness center rules and regulations posted in the DiSepio Fitness Center. The management reserves the right to terminate membership to anyone who refuses to observe any of the fitness center's rules.

CONDUCT

The DiSepio Fitness Center is committed to the health, safety, and welfare of each of its members and staff. The DiSepio Fitness Center does not tolerate unreasonable, threatening, obscene, harassing, indecent, or illegal behavior. The DiSepio Fitness Center staff and management reserve the right to judge behavior and respond accordingly, which includes but is not limited to terminating membership for anyone who refuses to follow the fitness center's rules and regulations.

LOCKER ROOMS

Lockers are available for day use only. Please bring your own lock. Locks and articles left overnight will be removed.

CHILDREN

Members must be 17 years of age or older, and dependent members who are 17 must be accompanied by their parent or legal guardian anytime they are utilizing the facility. Guests must be 18 years of age or older.

SMOKING, FOOD, AND DRINK

No smoking is allowed in or around any part of the facility. No food or drink is allowed beyond the atriums and vending machine. Water may be taken into the workout areas if it is in a non-breakable, enclosed container.

LOST ARTICLES

The DiSepio Fitness Center assumes no responsibility for lost or stolen articles. Lost and found items are collected at the Welcome Desk on the ground floor of the DiSepio Institute, and if not claimed in a month, are donated to the Dorothy Day Center.

DISEPIO INSTITUTE FOR RURAL HEALTH AND WELLNESS
103 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 disclose 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 purposes 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 or 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: Heather Meek, Saint Francis University/DiSepio Institute Compliance Officer.
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 purposes 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 A COPY OF THE DISEPIO INSTITUTE'S POLICY NOTICE AND AGREE TO THE DISEPIO INSTITUTE'S USE AND DISCLOSURE OF MY PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

Signature of Client or Representative

Date

Client's Name

Date of Birth

Social Security Number

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