



ALL GROUP FITNESS CLASSES INCLUDED IN THIS MEMBERSHIP

Visit fitness.healthways.com to verify eligibility (be sure that they are NOT Silver&Fit).
Enter the username/password on the outside of binder.
To check eligibility by phone, call 866.456.3065. If not eligible, check other providers

(Legal name as it appears on insurance card)

First Name: _____ **MI:** _____ **Last Name:** _____

DOB: / /

16-Digit ID # (get from fitness.healthways.com):

Home #: _____ **Cell #:** _____

Email: _____

Street Address: _____

City: _____ **Zip:** _____

Spouse First Name: _____ **Last Name:** _____

Cell #: _____

Emergency Contact (Outside of Home)

First Name: _____ **Last Name:** _____

Phone: _____ **Relation:** _____

Today's Date: _____

I was shown how to scan in when I visit each time. If I lose my card, a replacement is \$5

I hereby release, absolve, indemnify and hold harmless the City of North Richland Hills, the Parks and Recreation Department, its employees, activity officials, supervisors, any or all in the event of any accident, injury or death sustained by the named participant(s) on this registration form while being transported to or from an activity, or while participating in any activity, from any liability of any kind whatsoever. All activities involve some physical nature, I understand and assume the risk in participating. In the event of serious accident or injury, I understand city officials may contact 911, provide and perform first aid, and when necessary, recommend transport to a hospital and reach the parent/guardian/emergency/contact as soon as the situation allows. NRH Centre is not responsible for insurance changes which result in discontinuing the AARP/UHC benefit. Membership may be revoked at the discretion of Management if misuse or abuse. NRH Centre is not responsible for items left unattended. Day use lockers are available. Membership provides access to the Fitness Center, walking track, gymnasium, aquatics during open swim and Group Exercise classes. Fee must be paid to obtain other wellness services: classes, personal training, massage, private yoga, nutrition, etc.

X _____ **Date:** _____

OFFICE USE ONLY

- Verify/Enroll on fitness.healthways.com
- Update ALL INFO in ActiveNet (emergency contact, etc)
- Type Healthways ID into Alert Tab on Activenet**
- Register for class # 5865 (SS/PRIME)
- Take a photograph for profile on ActiveNet

- They should get their SilverSneakers card in their mail. (For their security we no longer print cards)
- Remind them all GF classes included, give schedule and show them how to register for classes
- Show the process for scanning in
- Form filed at FRONT DESK**

Form Completed by: _____

Waiver and Assumption of Risk

Please contact your physician before beginning any exercise program



I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Tivity Health Services, LLC participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health™ Program member (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 Programs, including, but not limited to, the negligence of a Tivity Health participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Tivity Health participating location, any sponsoring organization, Tivity Health, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Tivity Health Program member (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, bodily injury 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. In addition, I agree that Tivity Health may engage in – and I hereby expressly consent to – (i) the recording (in video and/or still photo format) of my participation in Tivity Health classes, workshops or other programs, and (ii) the publication or other use by Tivity Health of any such recordings in social media, broadcast media, print media, general advertising and similar purposes.

I have read and understand this waiver 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 Tivity Health participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

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

Member Name:

Signature _____

Date: _____

Emergency Contact (Outside of Home)

First Name:

Last Name:

Phone: