

Arthur & Gloria Muselman Wellness Pavilion Membership Application

FIRST ADULT
SPOUSE

First Name		MI	Last Name			First Name		MI	Last Name		
Mailing Address						Mailing Address					
City		State	Zip	Email – Add to EML? Y N		City		State	Zip	Phone ()	
Cell Phone ()		Age	Date of Birth / /		Gender <input type="radio"/> M <input type="radio"/> F	Cell Phone ()		Age	Date of Birth / /		Gender <input type="radio"/> M <input type="radio"/> F

DEPENDENTS

First Name		MI	Last Name		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth / /	Age	Relationship			
First Name		MI	Last Name		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth / /	Age	Relationship			
First Name		MI	Last Name		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth / /	Age	Relationship			
First Name		MI	Last Name		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth / /	Age	Relationship			

EMERGENCY CONTACT INFORMATION

Physicians Name			Address				Phone ()		
Emergency Contact Name			Phone ()		Address			Relationship	

HOW DID YOU HEAR ABOUT OUR FACILITY?

<input type="radio"/> Radio	<input type="radio"/> Newspaper	<input type="radio"/> Television Commercial	<input type="radio"/> Website	<input type="radio"/> Family/Friend (Specify Name)	<input type="radio"/> Other (Please Specify)
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SWISS VILLAGE, INC AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS ACH DEBITS/CREDITS (YEAR COMMITMENT MEMBERSHIPS)

I (We) hereby authorize Swiss Village to initiate debit/credit entries to my (our) Checking/Savings account indicated below at the depository named below, to debit/credit the same to such account.

Payor Name		Social Security Number		Address		City		State	Zip	Phone ()	
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This authorization is to remain in effect for a minimum of 12 months and will continue to rollover until Swiss Village has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Swiss Village and the Depository a reasonable opportunity to act on it. Early termination of this authorization requires a \$100 fee. Non-sufficient funds notices will incur a \$10 fee.

Date / /		Signature				Signature					
Bank Name			Bank Location City State		Bank Routing Number / ABA Number (required)						
Account Type <input type="radio"/> Checking <input type="radio"/> Savings			Account No.			PLEASE ATTACH A VOIDED CHECK					

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Arthur & Gloria Muselman Wellness Pavilion Membership Application

AGREEMENT AND RELEASE OF LIABILITY: (WARNING – READ CAREFULLY BEFORE SIGNING!)

1) In consideration of gaining membership or being allowed to participate in the activities and programs of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby for myself, my heirs, executors, and administrators assign, waive, release, and forever discharge the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility, even injury resulting in my death. I do also hereby release all of those mentioned and any others acting upon 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 of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. or the use of any equipment at the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. (Please initial _____)

2) I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and/or death. I agree to comply with the instructions and directions of the Arthur & Gloria Muselman Wellness Pavilion rules and regulations while participating in its activities and programs. (Please initial _____)

3) I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. or use of equipment or machinery except as hereinafter stated. I do hereby 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 equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or 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. (Please initial _____)

4) I absolve, indemnify, defend and hold harmless the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. from any breach of these representations. This release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that if any portion thereof is held invalid it is agreed that the balance shall notwithstanding continue in full legal force and effect. I further state that this release has been carefully read and I know the contents thereof and sign this release freely and voluntarily. (Please initial _____)

5) I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. (Please initial _____)

I/We (including dependents on this membership) have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

Signature: _____ Signature: _____ Date: / /

PARTICIPANT POLICIES AND GUIDELINES

In accordance with fitness facility standards and guidelines, the following policies are to be understood and practiced by all persons wishing to participate at the Arthur & Gloria Muselman Wellness Pavilion:

- Prior to using the Wellness Pavilion, all registration information must be completed including registration forms, waiver and release forms, and payments must be made. A general orientation will be provided and upon requests, tours will be given.
- Once a member, users are asked to sign in at the front desk by scanning their membership cards. This is to ensure membership security and allow for us to track membership information.
- Members ages 12 to 15 are permitted in the weight room **ONLY** after they have completed and passed a safety course offered by the pavilion. Studies show that strength can be effectively increased with resistance training in adolescents **IF** done with proper training and technique. If an adolescent is unable to pass the safety course, the parent will be notified and other recommendations for exercising will be given.
- Our facility provides lockers for members to store gym bags, clothing, shoes, valuables, etc. Keys to these lockers are available at the front desk free of charge for members to use daily. If a member wishes to keep their belongings at the Wellness Pavilion, they may do so for a small monthly fee. The Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. is not responsible for items that may be lost or stolen from our facility.
- Appropriate exercise clothing must be worn in the weight room. Shirts are to be worn at all times and open-toed shoes are prohibited while in the weight room. Clothing with suggestive or offensive language or graphics will not be tolerated. Because of our special flooring, high heel shoes and/or dress shoes are not permitted in the weight room or the aerobics room.
- No food or drinks, other than water in a plastic container, are allowed in the exercise rooms or pool facility.
- The Wellness Pavilion provides many classes and activities for their members. Therefore, the use of the aerobics room and pool facility is sometimes limited due to scheduled classes. Please check the posted schedules to ensure availability hours.
- Participants are expected to be courteous of each other and staff members. Violation of any rules or other abusive or irresponsible behavior could result in the removal and/or suspension from the facility and its programs and activities.
- Abuse of any equipment will not be tolerated. We are very proud of the Arthur & Gloria Muselman Wellness Pavilion and want to keep things nice to better serve you.
- There are no membership refunds. If you wish to break a membership contract, you may do so by paying a \$100 fee.

By signing this contract, I/We (including dependents on this membership) agree that the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village Inc. policies have been explained I/We agree to abide by them. I/We understand that if these policies are violated, membership could be terminated without refund.

Signature: _____ Signature: _____ Date: / /

CONSENT TO PHOTOGRAPH, VIDEOTAPE AND SOUND RECORDING RELEASE

I hereby, grant the Arthur & Gloria Muselman Wellness Pavilion the rights to use, reproduce, and/or distribute photographs, video, and/or sound recordings of myself and dependents listed on this membership application to be used in promotional materials.

Signature: _____ Signature: _____ Date: / /