Campbell County Senior Center
Wellness Center

2006 NuStep Pinnacle Award Winner

3504 Alexandria Pike
Highland Heights, Ky 41076
859 547-3665
Jshields@campbellcountyky.gov

I welcome this day full of opportunities and challenges.

Our goal is to guide you on your personal wellness journey. We will do this by offering you the resources to enhance, improve and balance your wellness dimensions.

Amenities include strength training and cardiovascular fitness equipment, as well as miscellaneous equipment designed to improve flexibility, balance, and core strength. A variety of wellness programs are offered, and our staff is well trained and enthusiastic. We look forward to meeting with you and sharing in your wellness experience.

Congratulations on your first step in your wellness journey.

We look forward to seeing you soon!!

About the Center

- Membership is open to those 60 years of age and older.
- Hours of operation are Monday through Friday 8:30 am – 3:00 pm.
- Twenty-seven pieces of exercise equipment are available to members.
- The center does not offer Physical Therapy or Personal Training services.
- All members must be able to operate the equipment independently. If individual assistance is needed, the center permits family members, caregivers, etc. to accompany members and help.

How to Become a Member

- Pick up a Registration Packet.
- Take the Physician letter and the Physician Recommendation Form (pages 4 & 5) to your doctor to be filled out.
- Complete the required paperwork including the Health/Medical History Questionnaire, Rules/Regulations and Membership Agreement.
- Once all the forms have been completed, call the Wellness Center at to schedule a Wellness Assessment. (859) 547-3665
- During the Wellness Assessment each new member will work with staff to learn how to use the exercise equipment. Please allow approximately 1 hour for this appointment.

Membership Rates

- Membership is free.
- Some programs/classes/workshops may have a suggested donation.
- Donations are accepted and appreciated. Checks can be made payable to the Campbell County Senior Center.

Wellness Center Equipment

- Cardiovascular equipment- Arc Trainer, Upper Body Ergometer, NuSteps, Treadmills, and Recumbent bicycles.
- Strength training equipment- machines, free weights and exercise bands.
- Balance and Flexibility equipment.

Program Information

Chair Volleyball: Played similarly to standard volleyball, but players remain seated and use a beach ball.

- Mondays, Wednesdays and Fridays at 1:00pm.

Fitness Friends: A low-impact group aerobics class. Class meets three times a week and exercises to a different video tape each day. Try this for a lot of fun and socializing while in a group.

- Mondays, Wednesdays, Fridays 9:30 am – 10:30 am

Nintendo Wii: Interactive gaming system played on TV. Wii bowling leagues are offered on Monday, Wednesday and Friday.

Pacesetters: Walking program. Participants track minutes walked on a monthly basis with a goal of 200 minutes a month. Group meets quarterly to celebrate achievements.

Tai Chi: Tai Chi for Health is easy to learn, safe and requires no experience. Tai Chi has been shown in studies to improve balance, reduce stress and reduce the pain of arthritis.

Yoga and Chair Yoga: Learn stretches and postures designed to increase strength and flexibility, relieve tension, and bring relaxation and balance into your life.

W.O.W: An upbeat exercise class combining cardio, strength, flexibility, and balance training for a great whole body workout. All fitness levels welcome. Donation $1 per class.

Wellness Clinic: Free health assessments by a pharmacist, including blood pressure, blood sugar, heart rate, medication review, fall risk assessment and vaccinations.

**Please check the monthly calendar for current program schedule

Campbell County Senior Center
Wellness Center
3504 Alexandria Pike
Highland Heights, KY 41076
859-547-3665 fax 859 572-4303

Dear Physician,

_____ (name) is interested in becoming a member of the Campbell County Senior Center. The Wellness Center staff, guided by the American College of Sports Medicine, recommends individuals obtain a physical prior to beginning an exercise program. Please review and verify the enclosed forms: *Physician's Recommendation* and *Health/Medical History Questionnaire.* Please note any individual instructions that the wellness staff should consider.

The Campbell County Senior Center reflects a philosophy that emphasizes a holistic approach to health promotion. Comprehensive programming encourages participants to continually develop, improve, and balance all six wellness dimensions: emotional, intellectual, physical, spiritual, social, and vocational. Aspects from each of the six dimensions are integrated into all phases of programming.

Membership to the Senior Center and Wellness Center is open to those 60 years and older. The Wellness Center is staffed by trained professionals, and amenities include strength training and cardiovascular equipment, as well as miscellaneous fitness equipment designed to improve flexibility, balance, and core strength. Programs include lifetime learning lectures, wellness walks, low impact aerobics classes, Yoga, Tai Chi, chair volleyball, massage therapy, and functional fitness assessments.

Forms may be mailed or faxed to the Wellness Center. If you have any questions or concerns, please call us at 859-547-3665.

Sincerely,

Jessica Shields

Fitness and Wellness Coordinator
Campbell County Wellness Center

Campbell County Senior Center
Physician's Recommendation Form
Fax Number: (859) 572-4303 Jessie

Date: _____

Patient's Name: _____ Phone # _____

Patient's Birthday: _____

Physician's Name: _____ Physician's License #_____

Physician's Statement:

( ) It is my *recommendation* that the above named individual participate in physical activity. Recommended Activities: Check activities or Circle All

Cardiovascular Exercise: All
_____ Treadmill
_____ NuStep (Recumbent Bike)
_____ Arc Trainer (Elliptical Stepper)
_____ Recumbent Bike
_____ Upper Body Ergometer
_____ Rower

Strength Training: All
_____ Upper Body
_____ Lower Body

( ) It is my recommendation that the above named individual participate in physical activity **however avoid the following activities**.

Cardiovascular Exercise: All
_____ Treadmill
_____ NuStep (Recumbent Bike)
_____ Arc Trainer (Elliptical Stepper)
_____ Recumbent Bike
_____ Upper Body Ergometer
_____ Rower

Strength Training: All
_____ Upper Body
_____ Lower Body

Comments: _____

_____.

These recommendations are valid for:

☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years

Physician's Signature: _____

Phone Number: _____ Fax Number:_____

Member Statement

I have read or been informed of the *Physician's Recommendation Form* as stated above. I ***agree*** to adhere to any limitations noted.

Date: _____ Signature of Member: _____

Health/Medical History Questionnaire

Date: _____ Membership # _____

_____
Last Name First Name Middle Initial

_____
Address City State Zip

□ Male □ Female Age _____ Birth Date ____/____/____

_____ _____
Home Phone Number Work/Cell Phone Number

_____
Emergency Contact #1 Relationship Phone Number

_____
Emergency Contact #2 Relationship Phone Number

_____
Physician's Name Phone Number Fax Number

_____ Would you like to receive email updates about
Email address Senior Center programs? Y or N

If you have a living will, you may give us a copy.

A. <u>Demographic Information</u>

Please circle……

Do you live alone? Y or N
Do you live in a rural area? Y or N
Do you live in poverty? Y or N
Are you disabled? Y or N
Are you head of household? Y or N
Are you a registered voter? Y or N
Are eligible for USDA meal? Y or N
Are you a veteran? Y or N
Are you a veteran dependent? Y or N
Are you receiving Social Security? Y or N
Are you eligible for Medicare? Y or N
Employment Status _____

B. <u>Renewing Members Only</u>: Have any previous conditions changed or have any new conditions developed within the last year? **Yes or No**

If **yes**, please indicate below. If **no**, you may stop here.

C. Personal Medical History: Do you have or have you had any of these conditions?

	Yes	Describe condition (include date of occurrence)
1. **Conditions**:		
Heart Disease	___	_____
Chest Pain/Angina	___	_____
Irregular heartbeat/Pacemaker	___	_____
High/Low Blood Pressure	___	_____
High cholesterol/Triglycerides	___	_____
Diabetes	___	_____
Cancer	___	_____
Stroke	___	_____
Respiratory Disorders	___	_____
Peripheral Vascular Disease	___	_____
Emotional Disorders	___	_____
Uncorrected Visual Problems	___	_____
Hearing Problems	___	_____
Lightheadedness/Dizziness	___	_____
Balance Problems	___	_____
Arthritis	___	_____
Osteoporosis	___	_____
Fibromyalgia	___	_____
Pain/Swelling in Joints	___	_____
Muscular Pain/Weakness	___	_____
Previous Injuries/Fractures	___	_____
Joint Replacement	___	_____
Other:	___	_____
Memory Loss	___	_____
Parkinson's Disease	___	_____
Seizures	___	_____
Other:	___	_____

2. Please list any and all illnesses, hospitalizations, or surgical procedures within the past **2 years.**

_____

_____

3. Please list **all** medical conditions that are currently being supervised by a physician.

_____

4. Has a physician restricted activities due to a medical condition or surgical procedure? If **yes**, please describe.

_____

_____

5. Do you currently have a condition that would affect your ability to do strenuous exercise? If so, please describe:

_____

_____

D. Medication – Prescribed or over-the-counter

1. Are you taking any of the following medications?

	Yes	Medication Name	Condition ?	How long?
Anti-depressants	___	_____	_____	_____
Tranquilizers	___	_____	_____	_____
Sleeping pills	___	_____	_____	_____
Anticoagulants	___	_____	_____	_____
Blood Pressure	___	_____	_____	_____
Cholesterol	___	_____	_____	_____
Med. for arrhythmia	___	_____	_____	_____
Insulin	___	_____	_____	_____
Oral diabetic medication	___	_____	_____	_____
Estrogen	___	_____	_____	_____
Thyroid hormones	___	_____	_____	_____
Anti-inflammatory	___	_____	_____	_____
Ulcer medication	___	_____	_____	_____
Allergy medication	___	_____	_____	_____
Antihistamines	___	_____	_____	_____
Diuretics	___	_____	_____	_____
Pain medication	___	_____	_____	_____
Other:	___	_____	_____	_____
	___	_____	_____	_____

2. Allergies/Allergic reactions to the following: _____

_____

The information I have provided on the health medical questionnaire is true and correct, to the best of my knowledge. I have no additional health/medical information that should be brought to the attention of the Campbell County Senior Center.

I understand and give permission for the Senior Center Department or local media to photograph or video tape me during participation at the Senior Center and to utilize them in advertising and/or promotion both in print and on the County's website and social media pages. I waive all rights I may have to any claims for privacy, payment, or royalties in connection with the exhibition, streaming, web casting, or other publication of these materials. I additionally waive to inspect or approve of any photo, video, or audio recording taken by Campbell County Fiscal Court, the Campbell County Senior Center, or any person or entity authorized and/or designated to do so on its behalf.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extend allowed by law, and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Member's Signature _____ Date _____

Wellness Center Staff _____ Date _____

NAPIS Participant Enrollment Form
Do not fill out anything in YELLOW

Location CCSC___ Recertification Date _____ Participant in Meal Program ____

Applicant Information

First Name _____ Last Name _____ Gender _____

Date of Birth _____ Enter the age of the participant in years _____

Social Security # (last 4 digits only) _____ Email _____ Phone _____

Cell Phone _____ Is an interpreter needed? Yes____ No ____

Participant's hearing adequate? Yes ___ No useful hearing _____ Only hears loud sounds _____ Undetermined ____

Participant's vision adequate? Yes ___ Difficulty seeing objects ___ Difficulty seeing print ___ No useful vision ____ Undetermined ___

If you are not registered to vote where you live now, would you like to apply to register to vote? Already Registered ___ Yes ___ No ___ Refused to Answer ___

Participant Address

Street _____ Town _____ County _____

State _____ Zip Code _____

Is Mailing Address Same as Home Address? _____

Demographic Information for Funding Purposes

Live alone? Yes ___ No ___Do you live in a rural area? Yes ___ No ___

Number of people residing with you? _____ Veteran Status: Yes ___ No ___

Select the Participant's current living arrangement: Lives Alone ___ With Other ___ With Spouse/partner ___ With Child/Children ___ Lives with spouse and child ____

Would you consider yourself to be in poverty? Yes ___ NO ___

Race: American Indian/Native Alaskan ___ Asian ___ Black/African American ___ Hispanic ___ Native Hawaiian/Other Pacific Islander ___ Other ___ White ___

Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

Emergency Contact (1) Information
Name _____ Phone _____ Relationship _____

Emergency Contact (2) Information
Name _____ Phone _____ Relationship _____

Volunteer Information
Are you interested in volunteering at the center?

Nutritional Risk Assessment

I have an illness or condition that made me change the kind and/or amount of food I eat.	Yes	No
I eat fewer than 2 meals per day	Yes	No
I eat few fruits or vegetables, or milk products	Yes	No
I have 3 or more drinks of beer, liquor or wine almost every day	Yes	No
I have tooth or mouth problems that make it hard for me to eat	Yes	No
I don't always have enough money to buy the food I need	Yes	No
I eat alone most of the time	Yes	No
I take 3 or more different prescribed or over-the-counter drugs a day	Yes	No
Without wanting to, I have lost or gained 10 pounds in the last 6 months	Yes	No
I am not always physically able to shop, cook and/or feed self	Yes	No

Nutritional Risk Score:_____ At Nutritional Risk: Yes ___ No ___
*: Referral 6 or more You are at high nutritional risk.

Malnutrition Screening Tool
(For MST, Add weight loss and appetite scores)
Have you recently lost weight without trying? Yes No
How much weight have you lost? None or NA ___ 2-13 lb ___ 14-23 lbs ___ 24-33 lbs ___ 34 lbs or more ___ Unsure___
Have you been eating poorly because of a decreased appetite? Yes No

MST Score ___ At Malnutrition Risk: Yes ___ No ___

Score of 2 or more = At Risk for Malnutrition

Health Related Information

If at nutrition/malnutrition risk, referral was made to?
Registered Dietitian ___
Personal Physician ___
Health Department ___
Other ___

What are your health concerns?
Alcoholism/substance abuse ___ Alzheimer's disease ___ Arthritis ___
Heart Issues ___ Anemia ___ Seizure ___ Cancer ___ Dental problems ___
Diabetes ___ GI Issues ___ Vision Loss ___ High Blood Pressure ___
HIV Human Immunodeficiency Virus Infections ___ Thyroid Issues ___
Renal Disease ___ Memory Loss ___ Obesity ___ Sleeping Disorder ___
Osteoporosis ___ Vertigo / Dizziness / frequent falls ___ Pain ___
Parkinson's disease ___ Respiratory Disorders/ Disease ___ Stroke ___
Other ___ None of the Above ___

Release & Waiver of Liability
I understand that Campbell County Senior & Wellness Center and any other NKADD contracted site I may participate at assumes no responsibility for injuries or illness which I may sustain as a result of my participation in a program, the use of any equipment, exercise, or any other activity at this facility.
I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all illness which may result from my participation in these activities.
I hereby release and discharge Campbell County Senior & Wellness Center, and any other NKADD contracted site I may participate at, its agents, servants and employees from any and all claims for injury, death, loss or damage which I may suffer as result of my participation in these activities.
I understand that Campbell County Senior & Wellness Center and any other NKADD contracted site I may participate at is not responsible for any personal property lost or stolen while I participate at this facility.

Applicant Signature: _____

I am the person represented in this application. I attest that the information contained herein is true and accurate to the best of my knowledge; and serves as my consent to apply for offered services.
I understand that my information is being gathered to effectively plan, arrange, or deliver services to meet my individual needs. I have read, understand and agree to all the terms and policies of this facility.

Signed _____ Date _____
Printed Name _____

STAFF ONLY BELOW:

How was Age Verified? _____

Specify the type: Assessment ___ Reassessment ___

Physician Recommendation Form Expiration Date _____

What is the name of the person conducting this assessment? _____

What is the name of the agency the assessor works for? CCSC

Release & Waiver of Liability

I understand that Campbell County Senior & Wellness Center and any other NKADD contracted site I may participate at assumes no responsibility for injuries or illness which I may sustain as a result of my participation in a program, the use of any equipment, exercise, or any other activity at this facility.

I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all illness which may result from my participation in these activities.

I hereby release and discharge Campbell County Senior & Wellness Center, and any other NKADD contracted site I may participate at, its agents, servants and employees from any and all claims for injury, death, loss or damage which I may suffer as result of my participation in these activities.

I understand that Campbell County Senior & Wellness Center and any other NKADD contracted site I may participate at is not responsible for any personal property lost or stolen while I participate at this facility.

I am the person represented in this application. I attest that the information contained herein is true and accurate to the best of my knowledge; and serves as my consent to apply for offered services.

I understand that my information is being gathered to effectively plan, arrange, or deliver services to meet my individual needs. I have read, understand and agree to all the terms and policies of this facility.

Date _____

Signed _____

Printed Name _____

Campbell County Senior Wellness Center MEMBERSHIP AGREEMENT

For the mutual benefit of all members of Campbell County Senior Wellness Center (dba CCSWC) member agrees to abide by all Rules adopted by CCSWC for use of its facilities and equipment. Member shall notify CCSWC of any change in physical condition that may impair member's ability to engage in any activity at Campbell County Senior Wellness Center. Member agrees to participate in assessments by CCSWC staff to determine physical and functional fitness to participate in the use of its equipment, facilities, and programs. If CCSWC determines in its sole discretion that member's physical condition presents any risk to member or others, CCSWC may suspend, terminate, or refuse to renew this membership. The CCSWC observes the same holidays closures as the Senior Center. CCSWC may close occasionally for periodic maintenance. All members must complete a Registration Packet prior to using the Wellness Center. Any violation of Campbell County Senior Wellness Center's Rules or any terms of any written agreement with CCSWC may result in member's termination, suspension, or refusal of CCSWC to renew membership.

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

In consideration of the permission to use the facilities, equipment, services, premises, and products provided at Campbell County Senior Center and Campbell County Fiscal Court (collectively referred to hereafter as CCSC & CCFC) today, and at any time in the future, I understand and voluntarily agree to all of the following:

Assumption of Risk: I understand that any physical activity carries with it an inherent risk of injury. Strength training can involve strenuous exertions of various muscles placing stress on the muscles, bones, and joints. Cardiovascular training can involve sustained physical activity placing stress on the heart, arteries, and blood pressure. Risk of injury may be minor such as soreness, sprains, strains, and bruises, or serious such as heart attack, stroke, paralysis, and death. I understand these risks and voluntarily agree to assume all risk of injury or illness associated with physical exercise whatever the cause.

Waiver and Release of Liability: I agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to release, waive, and discharge CCSC & CCFC, its directors, officers, owners, employees, volunteers, independent contractors, agents, assigns, successors, vendors, suppliers, equipment manufacturers, lessors, consultants, members, and all others associated with CCSC & CCFC from all liability from any and all claims, demands, or suits arising from the acts, failure to act, or conduct of any of them arising from their negligence (whether ordinary or gross), breach of duty, or any other theory of legal liability for (1) any physical or emotional injury or illness suffered by me (including death) arising from my attending CCSC & CCFC or using its equipment, facilities, services, products, or premises; and (2) any damage to, loss of, or theft of my property.

Indemnification and Hold Harmless: I agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to indemnify and hold harmless CCSC & CCFC by paying all costs and attorneys fees incurred by CCSC & CCFC in investigating and defending a claim or suit if my claim or suit is withdrawn, or if a court determines for whatever reason that CCSC & CCFC is not liable for the injury or loss.

Severability and Venue: This agreement is intended to be interpreted as broad and as inclusive as permitted by the laws of Kentucky to relieve CCSC & CCFC from any liability for any and all claims for damages due to injury or property loss based on any legal theory. If any portion of this agreement is held invalid, the balance of the agreement shall continue in full legal force. Any legal action shall be brought in Campbell County, and this agreement shall be interpreted under the laws of Kentucky.

I Have Read and Understand this Agreement and I Voluntarily Agree to All of its Terms Including the Waiver of My Right to Sue CCSC & CCFC and Any One Associated with CCSC & CCFC for Injury to Me.

Date: _____ Signature of Member _____

Campbell County Senior and Wellness Center
Member Code of Conduct

The Campbell County Senior and Wellness Center intends to provide a friendly place for its members to participate in social, health and wellness activities. The purpose of this Code of Conduct is to provide a foundation for a safe, respectful, and comfortable environment for all Senior Center participants and staff.

Participants are expected to be considerate and treat others with kindness, courtesy, and respect regardless of race, color, gender, sex, religion, national origin, age, disability and individual beliefs.

Prohibited

- Engaging in activity prohibited by law.
- Use of abusive, obscene, threatening, harassing, insulting, offensive, or suggestive language.
- Harassment or intimidation by words, gesture, body language or any menacing behavior.
- Physical contact with other members or staff in an angry or threatening or violent manner.
- Use of tobacco, vapor / e-cigarettes, drugs, and alcohol is prohibited inside the Center. No smoking within 50 feet of the building.
- Selling, soliciting, or panhandling.
- Carrying or concealing weapons or other devices that could be used as a weapon.

Consequences

First Offense-Verbal Warning

- Staff will meet with the participant to discuss the inappropriate behavior. Incident and meeting will be documented.
- Advise participant that continued inappropriate behavior will result in suspension from the Senior Center.

Second Offense-Written Notice of Warning

- Meet with the participant to discuss continued issue. Follow up the meeting with a written notice.
- Suspension may be considered, depending on the nature and severity of the violation.

Third Offense-Suspension of Center Privileges

- Length of time will be dependent on the nature and severity of the violation, and will be decided by Senior Center Staff in consultation with Campbell County Administration.

If a violation causes harm to a center member, staff member or center property, the violator will be instructed to leave the center immediately and such action may result in permanent revocation of center privileges.

Senior Center staff reserve the right to immediately dismiss participants from the Senior Center for any violation of this Code of Conduct.

By my signature below I acknowledge that I understand that ALL participants must comply with this Code of Conduct. Signature Name Date

Signature Name Date

Campbell County Wellness Center
Rules and Regulations

GENERAL RULES AND GUIDELINES

1. Posted rules and policies are subject to change.
2. Employ proper etiquette, language and courtesy to all members. This includes conduct and following time limits on equipment.
3. Wellness Center Dress Code: Appropriate shoes, shirt, shorts or slacks. No open toe or hard sole shoes are permitted on the equipment.
4. No smoking in any areas of the Wellness Center.
5. Equipment &/or Facility Closure: Repairs and/or maintenance may make it necessary for the Wellness Center to temporarily limit equipment or even close. In this unforeseen instance, we will be unable to reduce or suspend your obligation of your membership fee.
6. Membership Registration Packet: Completion of the Membership Agreement, Health/Medical History and Physician Recommendation Form are required before commencement in any and all programs/activities/events by and through the Wellness Center. (See Physician Recommendation Form below for further explanation).
7. Membership is open to individuals age 60 and over.
8. All members must sign-in at the front desk upon entering the Wellness Center.
9. Only water, in a closed non-glass container is permitted in the Wellness Center unless deemed necessary by a scheduled program or event.
10. Weather Closure Policy - The Wellness Center may close during inclement weather.
11. Telephone Policy - Telephone use is for emergencies only.

HEALTH/MEDICAL HISTORY FORM & PHYSICIAN RECOMMENDATION FORM

1. It is in your best interest to inform your physician of your interest to begin an exercise program, however this recommendation may be waived if:
   a. You are not under a physician's care.
   b. Have not experienced any hospitalization, illnesses or surgical procedures within the past 2 years.
   c. You are not currently taking any prescribed medication.
   d. There are no conditions present that hinder involvement, however, this will be decided upon review of the Health/Medical History.
2. Members must notify the Wellness Center and disclose any conditions or restrictions that could create risk or harm to that member or other members or staff with exercise. New medications and/or new health conditions will merit an updated Physician Recommendation Form.
3. Where necessary and agreed upon by member and staff, the Wellness Center staff will contact a member's physician or therapist to coordinate a prudent program for a member's situation.
4. The member is ultimately responsible for completing and turning in required paperwork in particular any forms sent to their physician. Forms can be faxed or mailed to the Wellness Center.

SCHEDULED PROGRAMS AND ACTIVITIES

1. All programs/activities included in the *Basic Membership* are/are not subject to extra fees.
2. All members must pre-register for all programs and activities to ensure proper space and equipment. All members are expected to call and cancel if they are unable to attend.
3. All programs and activities are limited to the room's capacity. If there are cancellations or no-shows those members on the waiting list will be notified. The waiting list is on a first come, first serve basis.
4. Classes/Programs/Activities may be cancelled or changed any time based upon level of attendance, instructor availability, seasonal demand and member request.
5. The Wellness Center will make every effort to accommodate individual needs within the class, but may be required to restrict participation privileges if there is concern for the member's personal safety and well-being, and/or the safety of the other members in the class. The right to restrict participation privileges temporarily or permanently remains the sole discretion of the Wellness Center based upon instructor assessment of the situation.
6. The Wellness Center will provide a written schedule of programs and activities that will be conducted in the Wellness Center.

HEALTH AND SAFETY REGULATIONS

1. The Wellness Center may revoke or deny the membership of any member whose use of the facilities, in the Wellness Center's sole judgment, creates a danger of health or a safety hazard to the member or other members.
2. The Wellness Center has the right to require an initial or a second statement of physical health from a member's physician. Should there be a change in health status or medication, the member should submit an updated Physician Recommendation Form.
3. It is highly recommended that members' participating in any and all activities or events leave currently prescribed medication, i.e., inhalers, nitroglycerine, etc. with the Wellness Center Staff.
4. It is highly recommended members bring small towels and water.
5. All program participants must properly warm-up prior to the start of a program and cool-down at the end of the program.
6. The Wellness Center will provide appropriate training information, i.e., target heart rate or perceived exertion scales and instruct members in self-monitoring techniques so they can safely monitor their levels of exertion.
7. The exercise leader or instructor will inform members of the risks, possible injury, limitations and benefits of any exercise or program being performed.
8. Members are expected to wipe off equipment in the Wellness Center, (i.e., equipment, controls, seats, railings) upon completion of their workout.

MEMBERSHIP AGREEMENT

1. All members voluntarily agree to the Membership Agreement that includes Assumption of Risk, Waiver/Release of Liability, Indemnification and Hold Harmless and Severability and Venue.
2. The Wellness Center shall not be responsible or liable to members for articles damaged, lost or stolen in or about the Wellness Center, or for loss or damages to any property including, but not limited to, automobiles and the contents thereof.