New Member Agreement

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404.
125livemn.org

Please Print **Primary Member Name:** **First Name** **Last Name**

Please Print **Secondary Member Name:** **First Name** **Last Name**

Membership Type Detail

☐ **Single** or ☐ **Dual**

- ○ **18-49 Fitness**
- ○ **18-49 Social**
- ○ **18-49 Social & Fitness**
- ○ **50 + Fitness**
- ○ **50 + Social**
- ○ **50 + Social & Fitness**
- ○ **90 + Social free**
- ○ **90+ Fitness ½ off**

Fitness Insurance Program

Need Copy of Insurance Cards & verified on portal

○ **Silver Sneakers/Fitness Your Way**

○ **Silver & Fit/ Active & Fit**

○ **Renew Active/ One Pass**

○ **Healthy Contributions;** Medica, Ucare, Health Partners, Preferred One

Monthly Membership Fee:

Enrollment Fee (1 TIME) **$50**
Dues $_____
Donation $_____
Total due at Enrollment $_____

☐ **Waived (Ins or other)**
☐ **Pro Rated**
☐ **Discounts Other %**_____
(Veteran, Corporate, OMC)

Annual Membership Fee:

Enrollment Fee (1 Time) **$50**
Dues $_____
Donation $_____
Total due at Enrollment $_____

Monthly Dues $ _____ **NOTES** _____

AKNOWLEDGEMENT

By signing, I acknowledge that I have received and understand the Membership Policy Terms and Agreement as well as that all exercises and treatments and use of equipment and facilities of 125 LIVE are and shall be undertaken at participant's sole risk, and that the participant assumes the risk of any injuries they may suffer while participating in any program affiliated with or offered by 125 LIVE, using any of the equipment or the facilities of 125 LIVE, and that 125 LIVE shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever to the guest or property arising out of or connected with the use of any of the programs, equipment, and/or facilities of 12 5 LIVE or of the property or premises where same are located, and the participant does hereby expressly forever release and discharge 125 LIVE from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of negligence, active or passive, and all other fault, on the part of 125 LIVE, its servants, agents or employees. If I am a parent or guardian, I hereby accept all responsibility for any injury, loss or illness that may arise from my child's use of the facilities. I will not hold 125 LIVE responsible in any way.

I consent and authorize 125 LIVE to use and publish any of the images in any format taken of me. I understand these images may be used for a variety of purposes. Since anyone can download an image or make copies from printed materials, I agree that 125 LIVE is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my name.

Primary Member Signature _____ **Date** _____

Secondary Member Signature _____ **Date** _____

Please fill out back of form

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PRIMARY MEMBER INFORMATION

Please Print **Primary Member Name: First Name Last Name**

Street Address/City/ State/Zip Code

Home Phone/Mobile Phone

Date of Birth and Gender

Email Address

Emergency Contact: Name/Phone number/Relationship

SECONDARY MEMBER INFORMATION (if applicable)

Please Print **Primary Member Name: First Name Last Name**

Home Phone/Mobile Phone

Date of Birth and Gender

Email Address

Emergency Contact: Name/Phone number/Relationship

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OFFICE USE ONLY

Completed & Signed Forms

- **Check if Name is already in Rec 1**
- **If previous member, attach canceled paperwork (from canceled files)**
- **Photo Taken**
- **Badge and Lanyard given**
- **Give New Member welcome flyer**
- **Copy of Insurance card and Insurance Portal Document**

If Applicable

- EFT Agreement
- Donation form
- Check if other discounted/Specialty Memberships- Such as Military discount & Corporate partnerships

Rec 1 Input

- Name
- DOB ○ Gender
- Emgcy Cont. & Phone
- **Fitness ID #** if they have insurance
- # Phone ○ # Address
- Email Pref- 3 communication types
- Primary Email

- **Catalog**- payment or insurance

- **Profile**- Add assoc. *flag* to Members profile (Fit & Soc or ins. Etc)

Ins. Portal Enrollment –

- *Tivity*- **Silver Sneakers or Prime-Fitness your way**
- *Ash Link*- **Silver Fit/Active Fit**
- *Partner Optum Fitness & Healthy Cont.* **Renew Active/One Pass**
- *Healthy Contributions*- **Ucare, HealthPartners, Medica, Preferred One**
  These insurances also need an additional form filled out – HC-Member & Program Information

Constant Contact-

- Add email

Other

- Put completed file in locked, New Memberships drawer
- Tally the New Member on the folder

EMPLOYEE SIGNATURE **DATE**