



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 1/2 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 _____

ACKNOWLEDGEMENT

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 125 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** _____



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EXPLORE

SOCIAL MEMBERS

- Join one of the dozens of interest groups we host weekly, such as woodcarvers, square dancers, quilters, knitters, card players, puzzle builders, genealogists, tech gurus, Young at Heart Choir, billiards players, photography buffs, musicians, book clubbers, and artists.
- Save approximately \$300 a month on paid special interest classes
- You have full access to our library and Technology Learning Center, both of which are located in the lower level.
- Get in touch with your creative side by taking an art or pottery class in our stunning studios.
- Enjoy our Friday concerts while socializing, drinking coffee, or reading the newspaper.
- Take part in one of our social gym activities like pickle ball or ping pong.
- Explore one of our many educational classes offered each month.

FITNESS MEMBERS

- Join one of our 100+ fitness classes weekly, which are included in your fitness membership (unless class requires registration). Almost all classes are older adult friendly however, all classes vary in intensity. Our instructors can provide multiple modifications.
- Play pickle ball and ping pong (check schedule for times).
- Meet with a personal trainer to help you achieve your fitness goals.
- Use our weight machines, free weight section, hop on a treadmill to get your steps in, or go for a run.
- Try the warm water pool, in which you will find specific times for lap swimming, open swim, and multiple aqua classes daily.
- Explore the outdoor walking trails.
- Enjoy one of our many outdoor fitness events during the warm weather months.



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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)
- **Copy of Insurance card and Insurance Portal Document**
- **Signatures!!**

If Applicable

- Monthly Auto Bill form
- Donation form
- Check if other discounted/Specialty Memberships- Such as Military, Mayo Clinic or 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)

Constant Contact-

- Add email

Other

- Put completed file in locked, New Memberships drawer
- Tally the New Member on the folder
- Badge and Lanyard given

Fitness Reimbursement Enrollment

- **Silver Sneakers/ Prime-Fitness your way** – Enroll in *Tivity*
- **Silver Fit/Active Fit-** Enroll in *Ash Link*
- **Renew Active/One Pass-** *Verify in Partner Optum Fitness*
Must enroll in *Healthy Contributions*

Healthy Contributions

Insurance reimburses \$\$ for # of visits

- UCare
- Health Partners
- Medica
- Preferred One

*** these insurances also need an additional form filled out- **HC Member & Program Info.**

EMPLOYEE SIGNATURE

DATE