



LIFECARE REHAB – GREENBUSH – 19120 200th Street
Greenbush, MN 56726 – (218) 782-2131, FAX (218) 782-2954

LIFECARE REHAB – ROSEAU – 715 Delmore Drive
Roseau, MN 56751 – (218) 463-4787, FAX (218) 463-4788

LIFECARE REHAB – WARROAD – 201 Lake St NE PO Box 447
Warroad, MN 56763 – (218) 386-3155, FAX (218) 386-3156

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Approved By: Sue Lisell, Vice President of Clinical Services 4/14

GYM MEMBERSHIP AGREEMENT

LifeCare Gym members may use the facilities after starting membership and agreeing to the following rules with signed consent and assumption of risk.

Rules:

1. There must be two gym members exercising when LifeCare Rehabilitation Staff is not present **OR** a gym member may exercise alone when LifeCare Rehabilitation Staff is not present and **MUST** wear a Life Alert Pendant at all times. If this rule is not followed, gym membership may be revoked.
2. **DO NOT** share your card with others.
3. Initial card for the entry system will be provided. The cost of the replacement of lost cards is the responsibility of the gym member at a cost of \$5/card.
4. In case of emergency, gym members will follow the Emergency Preparedness Program posted in the gym.
5. Monitoring of compliance and safety practices of gym usage will be done using the coded-lock system.
6. An orientation is offered, but not required when initiating membership. You must acknowledge your decision to opt out of this option by initialing and signing the Waiver, Hold Harmless and Release from Liability.

Waiver, Hold Harmless and Release from Liability

Initial/Date	Gym Orientation Option
	Yes , I would like to complete a gym orientation. (SEE FRONT DESK FOR PRICING)
	No , I do not wish to complete a gym orientation.

I understand that there is risk of injury associated with participation in any fitness program, including use of LifeCare Medical Center’s facilities. In consideration of being accepted as a Member, and being permitted to participate, I agree to waive, release and hold harmless LifeCare Medical Center, its Board of Trustees and their agents, servants and employees from all claims, liability, demands, rights and causes of action present or future, including medical bills, fees, or expenses, whether known, anticipated or unanticipated, whether or not relating to the negligence of any officer, employee, or agent of LifeCare Medical Center, and whether or not resulting from, arising out of, or incident to my use of, presence at, or membership in this gym membership.

I HAVE READ THIS ENTIRE DOCUMENT OR HAVE HAD IT READ TO ME, AND I UNDERSTAND IT OR HAVE HAD IT ADEQUATELY EXPLAINED TO ME. BY SIGNING THIS DOCUMENT, I AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS CONTAINED HEREIN ALONG WITH ALL LIFE CENTER POLICIES & PROCEDURES STATED IN THE MEMBER GUIDELINES THAT I RECEIVED UPON REGISTRATION.

Printed Name: _____ Date: _____

Signed Name: _____ Card Number: _____

Witness Name: _____ Date: _____

