



Health Waiver

Last Name _____ First _____

Address _____ City _____ Zip _____

Phone Number _____ DOB _____

Email _____

Personal Physician _____

How did you hear about us? _____

Are you an Employee of Lubbock County? **No** **Yes**

Do you plan on using the pool during the hours of 7am-6pm?
No **Yes**

*We require a physician's written approval/medical release for all prospective members over 40 *

Risks and Discomforts

There exists the possibility of certain changes during your exercise. They can include the following but are not limited to: abnormal blood pressure, fainting, irregularity of heart beat, muscular soreness, fatigue and strain. In rare instances heart attack, stroke, and death can occur. You will be responsible for monitoring your own workouts and using common sense when using our facility and equipment. You are responsible for informing the exercise staff of any medical condition that may effect your ability to participate safely in our Exercise Center. We recommend that you see your physician prior to beginning any exercise program.

Participant Release Form

I, _____ have read the foregoing information and understand it. Questions concerning WT have been answered to my satisfaction. I voluntarily agree to join this center and I understand it is a supervised exercise facility, and that there are certain inherent risks involved whenever participating in an exercise program. I understand and agree that the WT Wellness Today, its owners, employees, members, interns or volunteers shall not assume or have any responsibility nor liability for expenses, medical treatment, or compensation for any injury I suffer during or resulting from my participation in Wellness Today.

Member Signature _____

Date _____

Witness Signature _____

Health History Questionnaire

General Health / Personal Medical History: (Check those that apply)

	YES	NO
Have you undergone a physical examination in the last 5 years		
Are you currently enrolled in a physical therapy program?		
Have you ever been enrolled in a physical therapy program?		
Can you get out of a chair without using your arms?		
Have you recently lost a substantial amount of weight?		
Have you ever had a history of the following:		
Epilepsy?		
Dizziness or lightheadedness?		
Have you ever experienced any of the following:		
Pain or tightness in your chest?		
Palpitations or rapid beating of you heart?		
Extra or skipped heart beats?		
Badly swollen feet or ankles?		
Cramping in legs or feet?		
Have any medical concerns that would prohibit you from being in warm water? Ex: prescription meds		
Do you have any open wounds?		
Are you allergic to bromine or chlorine?		
Do you have a history of falls? If so, when was your last fall:		

Please circle if you now have or you ever had any of the following:

- | | | | | |
|---|--|--|---|------------------------------------|
| <input type="checkbox"/> hernia or rupture | <input type="checkbox"/> cartilage tear | <input type="checkbox"/> a pacemaker | <input type="checkbox"/> tuberculosis | <input type="checkbox"/> anemia |
| <input type="checkbox"/> low back pain | <input type="checkbox"/> tendon tear | <input type="checkbox"/> arthritis/bursitis | <input type="checkbox"/> pin/metal implants | <input type="checkbox"/> cancer |
| <input type="checkbox"/> swollen/painful joints | <input type="checkbox"/> emphysema | <input type="checkbox"/> stroke/TIA | <input type="checkbox"/> ringing in ears | <input type="checkbox"/> asthma |
| <input type="checkbox"/> spinal disc problem | <input type="checkbox"/> chemotherapy | <input type="checkbox"/> bronchitis | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> polio |
| <input type="checkbox"/> joint dislocation | <input type="checkbox"/> ligament strain | <input type="checkbox"/> blood clot/Emboli | <input type="checkbox"/> joint replacement | <input type="checkbox"/> radiation |
| <input type="checkbox"/> infectious diseases | <input type="checkbox"/> weight loss/energy loss | <input type="checkbox"/> severe/frequent headaches | | |

	YES	NO
Pulmonary Respiration- Have you ever experienced the following:		
Difficulty in breathing? When:		
Wheezing in chest area at rest?		
Shortness of breath?		
during exercise?		
during rest?		

List any and all medications currently taking: _____

Please list any surgeries: _____

Member Signature

Exercise Specialist Initials: _____

Please Answer Honestly to the Following Questions

Check Those That Apply

<input type="checkbox"/> Man 40 years or older	Height _____
<input type="checkbox"/> Woman 40 years or older	Weight _____

(Risk Factors)

- History of cardiac procedures (stents, bypass, angiogram, etc.)
- Family history of early heart disease
- History of or current high blood pressure
- Diabetes
- History of or current high cholesterol
- Obesity
- Currently smoke or quit in the past six months
- Currently pregnant

Level of Physical Activity

Are you currently involved in a **regular** aerobic exercise program? **Yes** _____ **No** _____

If yes, activity: _____ Duration: _____ Times Per Week: _____

Yes _____ **No** _____ Are you currently participating in weight training?

Yes _____ **No** _____ Do you perform stretching exercises on a regular basis?

What best describes your level of physical activity during the past 4-6 weeks?

___ Very Active ___ Moderately Active ___ Occasionally Active ___ Inactive

How did you hear about us? (circle one)

radio tv newspaper flyer friend billboard other _____

I have answered the above questions honestly to the best of my knowledge.

_____	_____
Please Print Full Name	Date
_____	_____
Signature	Parent/Guardian (under 17)

*** The following is to be completed by a Wellness Today Exercise Specialist

ACSM Classification

- ___ **Low Risk:** (Individuals who are asymptomatic and have no more than one major risk factor. A maximal treadmill exercise test prior to beginning an exercise program).
- ___ **Moderate Risk:** (Individuals who are asymptomatic and have two or more major risk factors. A maximal treadmill exercise test is not necessary prior to beginning a vigorous exercise program).
- ___ **High Risk:** (Individuals with symptoms of CVD/ pulmonary disease or known CVD, pulmonary or metabolic disease).

Exercise Specialist Initials: _____



Wellness Today Member Policies and Procedures

All members

- Wellness Today reserves the right to deny or revoke any membership or services to any individual that is unable to meet facility safety standards, does not follow member policies or at our determination.
- Safety standards must be adhered to at all times including but not limited to no horseplay and the member must be able to demonstrate they are able to safely and independently use facility.
- **Consideration Policy-** It is your responsibility to be considerate to those around you and those waiting for equipment, treadmills, etc. and react accordingly with respect and courteousness. Communication from member to member should be exhibited at all times when someone is waiting. If assistance is needed, please see a manager.
- Please respect other members when talking on your phone. Please talk quietly; no one needs to know your business.
- Must follow verbal staff instructions and adhere to all policies set forth.
- No foul or offensive language in the facility.
- **ZERO TOLERANCE FOR SEXUAL HARASSMENT**
- Key tags are required for entry to the facility. Please bring them every time you come.
- Consideration for contract terminations are for a physician's note that states that the member is unable to continue to work out or proof by a utility bill that the member has moved out of Lubbock County.
- Underwater Treadmills and Alter G are available to members, Silver Sneaker, Silver Fit, and Prime Memberships for **an additional cost**.
- All WT members must enter through the main entrance.
- A Physician's release is required prior to anyone exercising that is 40 years or older.
- If you turn 40 years old during your membership or have a change in your health status, a physician's release must be obtained.
- Tobacco and alcohol use within the facility is strictly prohibited.
- Contracted members will receive a month free for referring a friend that signs up for a 1 year or 2 year contract.
- Additional and over flow parking is available next door at Damron Motorcycles at Loop location.
- Drinks must have a lid.

General Pool

- No lap swimming is allowed while other members are in the pool.
- No cell phones are allowed in the pool or hot tub area.
- Gum, tobacco, or food is NOT allowed in the aquatic area.
- Please dry off after exiting the pool before entering the locker room.
- No splashing or horseplay in the pool area.
- Absolutely NO spitting in the pool.
- Pool temperature is 92 degrees or less. Temperature can vary daily based on pool maintenance schedules or other factors.

Underwater Treadmills

- All Underwater Treadmill Members MUST have a bracelet when using treadmills at Loop location.
- Therapy patients have priority.
- **Time limits for use:** One (1) hour time limit during therapy hours. More than one (1) hour is allowed during non therapy hours which are from 4:30 am-8 am and 5:30 pm-close. One (1) hour time limit for deep treadmills at 82nd St. Time on treadmills is not guaranteed. Time is determined based on patient needs, number of members waiting for treadmills, and management discretion.



Wellness Today Member Policies and Procedures

Gym Area

- Children 13 and under are not permitted in the facility unattended. Members between the ages of 14-16 require constant adult supervision while in facility.
- Shirt and shoes are required at all times.
- No opened toed shoes are allowed.
- Please re-rack your weights after use.
- Please wipe down equipment after use.
- No throwing or slamming weights.

I have read and understand the above WT policies and procedures and agree to follow them. I understand that if I do not follow the policies, Wellness Today reserves the right to deny or revoke any membership or services to any individual that is unable to meet facility safety standards, does not follow member policies or at our determination. I understand that policies and procedures are subject to change at any time with or without notice.

Member Signature

Date

WT Staff Signature



MEMBERSHIP POLICY

CONSENT, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand and agree that the exercise opportunities offered through the facilities of Wellness Today allows a person to engage in various exercise and/or physical activities potentially beneficial to one's health and well being.

However, I recognize and understand that there are inherent risks of various physical conditions, illness and/or injuries associated with: 1) engaging in any exercise or physical activity 2) the use of equipment at Wellness Today, and/or 3) the use of Wellness Today's facilities. I recognize and understand such risks include any and all types of physical conditions and/or illness including, but not limited to sprains, strains, broken bones, concussions, lacerations, abnormal blood pressure, heart beat disorders, fainting, shortness of breath, chest pain, strokes, heart attack or even death.

I further recognize and understand that any and all such risks are compounded, in that many of the exercise and/or physical activity opportunities of the Wellness Today are unsupervised including, but not limited to, use of its gym, pool, and or all types of exercise equipment, and/or use of its locker rooms, dressing rooms, showers and whirlpool.

I hereby agree and consent to voluntarily engage in any and all exercise and physical activity opportunities, supervised or unsupervised, at the Wellness Today, to voluntarily use Wellness Today's exercise equipment, and to voluntarily use Wellness Today's facilities at my own risks and with full knowledge and appreciation of any and all dangers and risks inherent therein.

I hereby assume full responsibility for any and all risks of any bodily injury, illness, death and/or property damage or loss suffered by me.

I hereby release, waive, and forever, discharge and/or promise not to sue Wellness Today, and/or any of its affiliates and successors, directors, officers, agent, servants, and/or their employees for and all loss, liability, damage or cost and/or any claim or demands of any type, known or unknown, on account or of in any way related to any illness, condition, and/or injury to my person or property, or which may result in my death.

I hereby agree to indemnify and hold harmless Wellness Today, and/or any of its affiliates and successors, directors, officers, agents, servants, and/or their employees for any and all loss, liability, damage or cost of any type which may incur as a result of or related to any illness, condition, and/or injury to my person or property, or which may result in my death, and/or as result of engaging in any exercise and activity opportunities at Wellness Today, and any use of Wellness Today's equipment and/or any use of Wellness Today's facilities.

I further hereby acknowledge the existence of, the need for and my understanding of, certain rules and regulations concerning the use of Wellness Today's equipment, facilities, and other procedures related to activities at Wellness Today. I, therefore, agree to abide by any and all such rules adopted by Wellness Today.

I hereby acknowledge that I have read the preceding prior to signing, and understand that I am executing a consent, release, waiver of liability, and indemnity agreement.

MEMBER SIGNATURE _____ DATE _____

PRINTED NAME: _____

WT STAFF MEMBER _____

Administrative Policies and Procedures
Aquatic Facility Operations Manual
5.03 Inclement Weather Procedures
A. Thunderstorms

In the event of a thunderstorm, the following steps should be taken:

Thunder is a result of lighting. If thunder can be heard, the presence of lighting is actual, even though it may not be immediately observed.

To determine the distance of a storm: when you see lighting begin counting (one-one thousand, two-one thousand, three-one thousand, etc.) until you hear thunder. Stop and divide the number by five. This will tell you the approximate distance of the storm in miles.

All patrons and staff should be cleared from the water and the pool deck immediately at the first sounding of thunder or the first sighting of lighting. Because lighting is attracted to the tallest object in the area, patrons and facility staff should not be allowed to congregate under trees, umbrellas, or other tall objects. Everyone should leave the facility, go indoors, or stay in an automobile until the storm passes.

Thunder: Clear the pool for 30 minutes. Restart the clock each time it thunders.

Lightning: Clear the pool for 30 minutes. Restart the clock each time lightning is spotted.

The pool will remain closed for a minimum of 30 minutes after the last sound of thunder unless there is a "clearing". Patrons and staff should not re-enter the facility unless there are evident signs of clearing and the sky is no longer dark and threatening. According to the National Weather Service, a thunderstorm is considered "as ended" when there has been no sounding of thunder, or sighting of lighting within the last 30 minutes and the sky is no longer dark and threatening. Unless there are evident signs of clearing, the storm should not be considered as ended.

These procedures may be repeated until either the facility is closed or the storm has passed and it is safe to reopen the facility.

- Staff will remain on duty and in a position to supervise the pool area and patrons. Normal cleaning procedures should be followed before leaving once the facility is closed.
- Aquatic facilities are provided with weather radios. The pool manager on duty is responsible for monitoring the weather radio and observing the current conditions and for notifying supervisors of these conditions.

_____ Member Initials

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

Physical Therapy Today • Wellness Today • Corporate Wellness Today

Effective Date: September 2, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION Please review the full Notice of Privacy Practices (NPP) which is attached. If you have any questions about this notice, please contact Tifanie Newman, HR Director at (806) 771-7661.

WHO WILL FOLLOW THIS NOTICE:

Corporate Wellness Today/ Wellness Today/ Physical Therapy Today

This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal physical therapist, others working in this office, or records received by this practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private; · give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- **To Allow Oversight of the Quality of the Healthcare We Provide**
- **To Allow Workers' Compensation Claims**
- **As Required by Subpoena in Lawsuits and Disputes**
- **Various Uses as Required by Law or to Avert a Serious Threat to Health or Safety**

The full details for all these uses are contained in the full NPP.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy**
- **Right to Amend**
- **Right to an Accounting of Disclosures**
- **Right to Request Restrictions**
- **Right to Request Confidential Communications**
- **Right to a Paper Copy of This Notice**

Information on how to exercise these rights can be seen in the NPP or can be obtained from Tifanie Newman, HR Director at (806) 771-7661.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Tifanie Newman, HR Director. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received the Notice of Privacy Practices.

Received by: _____ Date: _____

In lieu of signature, I _____, a staff member state
that _____ has been given our current Notice of Privacy Practices.

Staff Member Signature: _____ Date: _____