

Martin Health & Fitness Centers Hours & Locations

Billing and Membership Services

Located at Palm City Health & Fitness Center

Phone: 772.223.4966

Fax: 772.223.5676

Mon-Fri: 8:30 a.m. – 4:30 p.m.

Voicemail available 24 hours a day, 7 days a week

Palm City Health & Fitness Center

3066 SW Martin Downs Boulevard

Palm City, FL 34990

Phone: 772.781.2722

Fax: 772.781.2723

(New Hours)

Mon– Friday: 5:30 a.m. – 7:30 p.m.

Saturday: 7:00 a.m. – 3:00 p.m.

Sunday: 8:00 a.m. – 3:00 p.m.

Hobe Sound Health & Fitness Center

11600 SE Federal Highway

Hobe Sound, FL 33455

Phone: 772.223.4927

Fax: 772.546.5194

(New Hours)

Mon – Friday: 6:00 a.m. – 5:00 p.m.

Saturday: Closed

Sunday: Closed

**Member Information and Physical Activity Readiness Questionnaire
 Consent and Assumption of Risk and Waiver and Release of Liability**

Member Information

I.D. # _____

Date: _____

Last Name		First Name	
Middle Initial		Gender	
Date of Birth		Age	
Address			
City, State		Zip Code	
Mobile Phone		Alternate Phone	
Email Address		Current MHS Associate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Name		Relationship	
Mobile Phone		Alternate Phone	
Primary Health Care Provider		Office Phone	

Physical Activity Readiness Questionnaire
1. Do you experience any of the following symptoms?

- chest discomfort with exertion
- unreasonable breathlessness
- dizziness, fainting, blackouts
- ankle swelling not related to ankle injury
- unpleasant awareness of a forceful, rapid or irregular heart rate
- burning or cramping sensations in your lower legs when walking short distance

✓ If any symptoms in Question #1 are checked, a Medical Evaluation Prior to Exercise form is **required**.

2. Have you had or do you currently have any of the following medical conditions:

- a heart attack
- heart surgery, cardiac catheterization, or coronary angioplasty
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- diabetes
- renal disease

✓ If any medical conditions in Question #2 are checked, a Medical Evaluation Prior to Exercise form is **recommended**.

3. Do you currently perform planned, structured physical activity at least 30 minutes at moderate intensity on at least 3 days per week for at least the last 3 months? Yes No

*Based on Borg Perceived Exertion Scale (0-20), with lying motionless in bed rated 0 and prolonged sprinting as fast as you can a 20, **Moderate** Exercise would be between 11-14 and **Vigorous** Exercise would be between 17-19.*

Orientation offered? YES _____ NO _____

Orientation Date _____ (Or Declined _____)

Consent and Assumption of Risk and Waiver and Release of Liability

Consent and Assumption of Risk: I, _____, admit and acknowledge that I intend to use the facilities, services, and programs (collectively, “facilities”) made available by Martin Memorial Health System, Inc., Martin Memorial Medical Center, Inc. and Martin Health & Fitness Centers (collectively “Martin) for the purposes of exercise and fitness (collectively, “exercise”) in an effort to improve or maintain my general health and overall well-being. I understand and acknowledge that there are risks naturally involved in exercise, and that my use of Martin’s facilities for the purposes of exercise involves risks of injury, including serious disabling injury and even death, and *I have been advised that I should discuss my exercise plans and activities with my personal health care provider in order to best determine my overall risks and how to reduce them.* I understand that it is my responsibility to know my own limits and abilities and to take reasonable precautions to not allow myself to come to harm during my use of Martin’s facilities. I understand that there is a risk of injury, including serious disabling injury and even death, as a result of exercise, but knowing these risks, I voluntarily choose to participate in exercise and to use Martin’s facilities for such exercise, and I assume all full responsibility for all risks of injury, loss, or adverse health consequences arising therefrom. I understand that a Pre-Participation Orientation is recommended for everyone and is required for individuals for whom a Medical Clearance is recommended but declined. I understand that for some individuals, a Medical Clearance will be required before they can use Martin’s facilities for the purposes of exercise.

Waiver and Release of Liability: I acknowledge and agree that Martin shall not be liable for any injuries or any damage to me or my guest(s), nor shall Martin be subject to any claim, demand, injury or damages, from me whatsoever, including without limitation, action or inaction on the part of Martin, its officers, employees, agents, or members. I hereby expressly release and discharge Martin from all such claims, injuries, and damages due to action or inaction on Martin’s part. I acknowledge that I have carefully read this paragraph and understand that this is a waiver and release of liability. These terms will serve as a release and waiver for my heirs, executors, and administrators for all of my family members, including minors.

By signing below, I am representing and affirming that the information I have provided is true, accurate, and complete. I am also acknowledging and agreeing that I have read and that I understand the Consent and Assumption of Risk and Waiver and Release of Liability and that I agree to their terms. Last, I am acknowledging that I received a copy of Martin Health & Fitness Center Guidelines and I agree to follow those Guidelines.

Member Signature: _____ Date: _____

Print Member Name: _____ Time: _____

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Time: _____

Staff/Witness Signature: _____ Date: _____

Time: _____

Martin Health & Fitness Centers - Member Rules & Regulations

The following rules and regulations apply to the members of Martin Health & Fitness Centers. Member understands that failure to comply with these rules and regulations may be cause for Health & Fitness Center management to terminate membership.

HOURS OF OPERATION: Hours vary by facility. Refer to General Information Sheet for current hours of operation. The Health & Fitness Centers will be closed or have reduced hours of operation on the following major holidays: New Year's Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, and Christmas Day. Management reserves the right to alter and amend the operating schedule as the need arises. The posted flyers in the Health & Fitness Centers should be reviewed periodically for schedule changes.

CHECK IN: All members, upon entering the Health & Fitness Center, are required to swipe their key tag at the Reception Desk.
PROPER ATTIRE: All members and their guests must be clothed appropriately. Jeans are not permitted. Appropriate athletic footwear is required. Swimsuits and open-toed shoes will NOT be permitted in the exercise area.

LOCKER ROOM, POOL, SHOWER AREAS: All members are required to dry off prior to entering the locker rooms or leaving showers. All members are required to wear aqua socks/shoes or shower shoes in the pool, shower and locker room areas.
NO LIFEGUARD ON DUTY-SWIM AT YOUR OWN RISK.

ELIGIBILITY: All members are required to complete an Enrollment Packet which includes: a. Client Information and Physical Activity Readiness Questionnaire and Consent and Assumption of Risk & Waiver and Release of Liability, b. Member Rules & Regulations and c. Electronic Fund Transfer Authorization (if applicable).

AGE REQUIREMENTS: Membership is limited to member's 8 years of age or older. Members 8 to 17 years old may participate if a Member Information and PARQ, Consent and Assumption of Risk and Waiver and Release of Liability form is signed by the parent/guardian. Members 8 – 11 years old must join with at least one parent and the parent must be by the child's side at all times during their workout. Members 12 and 13 years old may join alone, but the parent/guardian must be in the facility while the child is exercising. Members 14 – 17 years old may exercise without their parent present.

CONDUCT OF MEMBER: All members understand and agree that members are subject to the control and guidance of the Health & Fitness Center personnel in the facility and will follow the instruction of Health & Fitness Center personnel. Member agrees to behave in a quiet, well-mannered fashion while in the facility and that he/she will relate major criticism regarding members of Health & Fitness Center to personnel only when in the private offices of the management. At management discretion, management can terminate membership if member's conduct is deemed unsatisfactory.

CELL PHONE USAGE: Cell phone usage and photography are prohibited in the locker rooms and massage rooms. Cell phones and pagers must be on silent while in the workout area. Please take or make calls in the lobby area or outside the facility.

FOOD/DRINKS: Food is not permitted in the exercise areas. Water and/or sport drinks are permitted and must be in spill proof container.

FAMILY MEMBERS: Members may utilize the family memberships under the following guidelines. A family member is defined as a spouse, parents and/or unmarried dependent child. All family members must reside at the same address and provide driver's license as proof of residence.

PERSONAL TRAINING & MASSAGE: Health & Fitness Center personnel offer Personal Training and Massage services. Only MHS Personal Trainers are permitted to train members. Outside personal trainers are not allowed to train members or guests within the MHS Health & Fitness Centers. Massage and Personal Training packages expire two years from the purchase date.

GROUP EXERCISE CLASS: Group Exercise classes are included in every membership at no additional cost. It is the member's responsibility to insure they are in an exercise class appropriate for their fitness level. Please consult Health & Fitness Center personnel for assistance.

EQUIPMENT USAGE: If the member is not certain of the proper way to utilize a piece of fitness equipment, he or she will ask for instruction and guidance from a personal trainer and will under no circumstances proceed without it.



Martin Health & Fitness Centers - Member Rules & Regulations

RESTRICTED EQUIPMENT TIME: Member agrees to follow the designated time use of all machines exactly as prescribed.

HEALTH STATUS CHANGE: Member is required to inform Health & Fitness Center personnel if they have changes in medication, recent surgeries, or a general health status change.

PERSONAL BELONGINGS: Members are responsible for securing personal belongings. The Health & Fitness Centers and its staff assume no responsibility for lost or damaged personal items. The key racks located at the front desk may be used by the members, but are not considered a secured area.

CHILDCARE SERVICES: Childcare Services are offered at an additional cost. While utilizing the childcare services, parents must not leave the Health & Fitness Center facility. Children are not allowed in the exercise area, except to access and exit the Childcare Room. All children who utilize these facilities must be registered with the babysitter.

CREDIT/DEBIT CARD REQUIREMENTS: The minimum purchase for credit or debit cards is \$25. An additional \$.25 fee will be charged for any credit or debit cards purchases under \$25.

BILLING: Please note that billing is not based on attendance. If you are not using the facility and have not placed your membership on freeze, you are still responsible for payment.

“FREEZING” MEMBERSHIPS: Freezing of membership is not permitted except when the member is unable to exercise due to illness or injury. In that instance, time will be credited in monthly increments. A physician’s note is required to freeze the membership for a minimum of 30 days and maximum of 90 days. If additional time is needed, another physician’s note is required to extend the freeze beyond 90 days. A physician’s note is required to re-start the exercise program after illness or injury.

CANCELING EFT MEMBERSHIPS: EFT (Electronic Funds Transfer) members enroll with a three-month minimum. The EFT deductions will remain in full force and effect until the member has provided the Department of Health & Fitness Services at Martin Health System written notification, 30 days in advance, of your intention to cancel your privileges after three month minimum monthly deductions have been paid. Notification of cancellation may be brought in person or sent certified mail to: Martin Health & Fitness Centers, Business Office, 3066 SW Martin Downs Boulevard, Suite D, Palm City, FL 34990 or faxed to the Business Office at 772-223-5676. Any EFT membership canceled and re-started within a 12-month period, will be charged a \$35.00 administrative fee (Restart Fee).

TRANSFER OF MEMBERSHIP: A member may not transfer membership to another person.

REFUNDS: A member who is unable to use the facility due to illness or injury that would prevent them from ever exercising in the future, may request a refund of the portion of the membership not used. A written request must be submitted with a letter from a physician. Refunds are also granted to members who are permanently leaving the area and will be unable to use any Martin Health & Fitness facility. Proof of new residence must be submitted in writing to the Fitness Center. Refunds are calculated on an individual basis and will apply to the current membership year only. A \$25 administrative fee will be charged.

SERVICE CHARGE: A \$25 service fee will be charged on all returned checks, overdrafts, and invalid credit cards.

SWIPE KEY REPLACEMENT: A \$1.00 fee will be charged for the replacement of member’s swipe cards.

EQUIPMENT MALFUNCTIONS: Member understands and acknowledges that equipment may, from time to time, require maintenance and repair. When special factory parts must be ordered, some units may be out of order for several weeks.

EMERGENCY PROCEDURES: In case of an emergency, notify the nearest Health & Fitness Center personnel. A first aid kit, CPR masks and AED is available. If necessary, a Health & Fitness Center staff member will contact Emergency Medical Services. The Health & Fitness Centers personnel are CPR & AED trained. In the unfortunate case of cardiac arrest or other serious resuscitation situations, we will proceed with CPR until paramedics arrive. If Florida DNR documentation is present in member file, it will be provided to EMS responders for determination of compliance.

Member Signature

Date

Print Member Name



ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

I hereby authorize Martin Health Systems, Inc. to debit my account each month for my dues. I understand that this authority is to remain in full force and effect until I have provided the Martin Health & Fitness Department **written notification, 30 days in advance**; of my intention to cancel my privileges. Written notification of cancellation may be brought in person or sent certified mail to:

Martin Health & Fitness Centers-Business Office

3066 SW Martin Downs Blvd.

Palm City, FL 34990

Monthly EFT: Requires a **minimum of 3 withdrawals before cancellation**. I understand that I will be charged a \$35 re-start fee if I cancel and then restart my monthly EFT membership within a 12-month period.

All payments are due on the first of the month and are to be paid by funds electronically transferred from the checking account of a local bank. A **service charge of \$25.00** will be charged on all returned checks and overdrafts. The undersigned agrees to make payments on this membership at the agreed times regardless of attendance.

Name of Bank: _____

Member's Address: _____

Street

City

State

Zip

Bank ABA #: _____ Checking Account #: _____

Credit Card #: _____ CC Type: _____

Expiration Date: _____

Please notify the staff immediately if there are any changes in your account number.

Authorized Signature: _____

Date: _____