

**HEALTH HISTORY QUESTIONNAIRE**

Name:	D/O/B:	Age:
Address:		
City:	State:	Zip:
Phone #:	Email Address:	
Primary Physician:	Specialist:	
Emergency Contact:	Emergency Contact #:	

**Section One: Risk Factor Profile**

1. Height: \_\_\_\_\_ ft \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. BMI  $\geq$  30 (staff will calculate) YES NO
2. Family history of heart disease? age of 55 (males) or age 65 (female)? YES NO
3. Do you presently smoke or have you quit smoking in the last 6 months? YES NO
4. Do you have high blood pressure or take medicine for high blood pressure? YES NO
5. Do you have high cholesterol or take cholesterol-lowering medicines? YES NO
6. Do you have elevated blood sugar, or Diabetes? YES NO
7. Has it been > 30 days since you have exercised regularly? YES NO

I understand RMC HEALTHPLEX recommends physician or appropriate medical provider consult if I answered YES to any of the above questions. Further, I acknowledge it is my responsibility to follow-up with a physician or appropriate medical provider and I assume all risk if I choose to exercise with or without the consultation. INITIALS: \_\_\_\_\_

**Section Two: General Medical History**

1. Do you have any heart or lung issues? YES NO
2. Have you had a stress test? YES NO  
Doctor Name & Phone \_\_\_\_\_ Date of test: \_\_\_\_\_
3. Has a physician said you have a bone or joint problem made worse with exercise? YES NO  
Specify: \_\_\_\_\_
4. Is there any physical reason why you should not participate in an exercise program? YES NO

I understand RMC HEALTHPLEX recommends physician or appropriate medical provider consult if I answered YES to any of the above questions. Further, I acknowledge it is my responsibility to follow-up with a physician or appropriate medical provider and I assume all risk if I choose to exercise with or without the consultation. INITIALS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AND WAIVER**

One purpose of the Regional Medical Center (RMC) HEALTHPLEX is to promote healthy living activities among participants. One of those activities is regular exercise, which has many health benefits. While regular exercise is a desired activity in healthy living, there are risks for participants engaging in exercise, particularly those with certain medical conditions or those who engage in strenuous exercise beyond appropriate levels for one’s physical condition.

As it is not practical for RMC to perform a complete physical screening technique, as a participant in physical activity at RMC we require, prior to participation, you sign this waiver and assumption of risk confirmation and indemnification to confirm you assume the risk of any injuries resulting from any health condition that you may have as a result of undo stress on portions of your body. If your questionnaire has one or more YES answer, you may be a higher risk for injury or death.

With all persons, we recommend that physical activity be limited or moderate intensity initially, but especially if you do not have a history of participating in an exercise regimen.

**WAIVER**

In consideration of permission to use, today and on all future dates, the property, facilities, and services of RMC and RMC’s HEALTHPLEX, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue RMC, it’s directors, officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents, or illness (including death), and property loss arising from, but not limited to, participation in activities, observation, and use of the facilities, premises, or equipment.

**ASSUMPTION OF RISKS**

Physical activity, by its very nature, carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. RMC has and provides facilities such as strength training, walking, jogging, aerobic activities, and other forms of exercise. Some of these risks involve exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system and body.

The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint, muscle, bone or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by RMC and RMC’s HEALTHPLEX. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**INDEMNIFICATION AND HOLD HARMLESS**

I also agree to indemnify and hold RMC harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, liabilities, including attorney fees brought as a result of my involvement with the fitness and exercise facilities of RMC and to reimburse them for any such expenses incurred.

**SEVERABILITY**

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**FORUM/WAIVER OF JURY TRIAL**

I agree that if legal action is brought relating to any activity described herein, that said litigation must be filed in Orangeburg County, South Carolina. I further agree, on behalf of myself and my child(ren) or heir(s), (if applicable) along with RMC to hereby waive any right to request a jury trial in any such litigation, regardless of the nature of the claim or theory of recovery.

**ACKNOWLEDGMENT AND UNDERSTANDING**

I have read this waiver of liability, assumption of risks, indemnity agreement, severability and forum/waiver of jury trial, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to be complete and an unconditional release of all liability to the greatest extent allowed by law. I also understand the terms of my usage of all of RMC’s facilities and I have been offered a completed and signed copy of this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FACILITY RULES, MEDICAL INFORMATION AND BILLING PROCEDURES

### **SECTION ONE: GENERAL FACILITY RULES**

#### **A. Facility Closings**

1. The center may periodically close for maintenance and repairs as needed.
2. No refunds or credits will be provided for these short-term occurrences.
3. We will attempt to post all changes to the regular hours of operation or services in advance.

#### **B. General Facility Regulations**

1. Minimize fragrances.
2. Solicitation of any kind is not permitted. This includes verbal solicitation and printed materials, unless specifically approved by the Director.
3. Alcohol consumption/possession, weapons, smoking and the use of smokeless tobacco/ electronic cigarettes are strictly prohibited in and around the facility.
4. Neither RMC nor HEALTHPLEX are responsible for lost, misplaced, stolen or damaged items.
5. Report any accidents or issues immediately to the staff at (803) 395-2752.

#### **C. Membership Cards**

1. Each member will be provided a membership FOB upon registration for a \$5.00 fee.
2. All members are required to scan their FOBs at each visit. Failure to present proper identification upon entry or request may result in denial of entry.
3. Lost FOBs will require a replacement fee.
4. Membership includes access to all 5 HEALTHPLEX locations including RMC / Annex building, Branchville, Holly Hill, Saint Matthews and Santee.

#### **D. Gym Etiquette**

1. Shoes must be worn at all times in the gym area. No bare or socked feet will be allowed unless otherwise noted or approved (as in for supervised Yoga classes).
2. Closed toed and heeled shoes for your safety. No open toed or open heeled shoes, sandals, flip-flops, or crocs.
3. All participants utilizing the facility must be clothed appropriately. This may include warm-up suits, t-shirts, shorts, athletic/rubber soled shoes, tights and conservative leotards. Clothing or belts with sharp or abrasive buttons/buckles will not be allowed on the equipment. No torn clothing allowed.
4. Please wipe down equipment after use with disinfectant wipes provided in facility.
5. Please limit loitering on and around the exercise equipment while others are waiting.
6. No open containers or open cups except for water (water bottles are preferred to limit spills)
7. No children are allowed on the exercise floor/ aerobics area unless they are members. Children under the age of 16 must be supervised by an adult member. Children are not to play on the equipment. Membership can be revoked if this is violated.
8. Please be respectful of others by keeping music, television and phone conversations at a minimum volume level and preferably wearing headphones, ear buds or other similar electronic accessories where applicable.

#### **E. Locker Room Etiquette**

1. Towels are provided at facilities with showers. Washcloths and hand towels are provided at the facilities that do not have showers. Please place soiled or wet linen in the soiled towel bins.
2. The center provides temporary lockers on a daily basis. Permanent lockers are not allowed. Personal items left in temporary lockers (or other areas of the gym or lockerrooms) will be removed and placed in Lost & Found.

### **SECTION TWO: MEDICAL INFORMATION**

#### **A. Notification**

1. Members agree to report any unusual signs or symptoms before, during, or after an exercise session to the staff.

#### **B. Clearance to Return**

1. Medical clearance from an appropriate healthcare provider may be required to return to exercise after a surgery/ outpatient procedure, hospitalization, emergency room visit, or severe illness. The center reserves the right to withhold participation until such clearance is received or for non-compliance.
2. Some surgeries/ procedures may require participation/ referral to the cardiopulmonary rehabilitation program prior to return to the independent exercise program.

### **SECTION THREE: BILLING PROCEDURES**

#### **A. Billing for Services**

1. Membership billing will occur each month unless cancelled by the member.
2. Billing begins at the time of registration.
3. Auto-draft will occur on the 1<sup>st</sup> of each month.
4. No "annual contract" for membership. The member will be responsible for monthly fees each month.
5. Refunds for monthly fees for not attending the center will not be provided.
6. No refunds for pre-paid memberships of multiple months.
7. I authorize HEALTHPLEX to charge a monthly membership fee deducted from my Credit / Debit Card or ACH Bank Draft.
8. Memberships: Single - \$25 per month / Family - \$40 per month (family of 3)

Initials: \_\_\_\_\_

**B. Termination/ Suspension of Billing**

1. Members will continuously be billed for monthly fees until the member chooses to terminate their membership.
2. Program termination must be received by the last calendar date of the month.
3. Members may terminate or suspend their membership for seasonal, travel, health, or personal reasons at any time. Members must contact the Wellness staff at (803) 395-2752 in order to terminate membership dues.
4. No credits/ refunds will be issued for months not attended if notice of resignation or suspension was not received, or for partial months not attended.

I have read and fully understand the Release and Waiver, Facility Rules, Medical Information and Billing Procedures. I further understand that I will be held accountable for any fees incurred due to my failure to notify HEALTHPLEX of my temporary/ permanent resignation, change in program, or return to exercise. No credits will be issued for partial months.

I agree to abide by all the rules and regulations adopted and published by RMC and HEALTHPLEX and its agents relating to the operation and use of its facilities. I understand that my failure to observe these rules may result in my exclusion from the premises.

I represent that I am physically able to use the equipment and/ or facilities provided. I fully understand and agree that in using the facilities provided, there is the possibility of accidental injury or death. I agree to assume the risk of such injury arising out of or connected with my participation in any activities or the use of any machinery/ exercise equipment at HEALTHPLEX.

Further, I will be personally responsible for any financial costs incurred due to transportation or medical expenses as a result of any injury incurred.

RMC and HEALTHPLEX assume no liability whatsoever for lost, misplaced, stolen, and/ or damaged personal property.

**Billing Information is Required for Membership**

**Option 1: Credit / Debit Card Billing:**

Card Number:	
CVS Number:	
Expiration Date:	
Name as it appears on Card:	

**Option 2: Bank Draft Billing:**

Bank Name	
Routing Number:	
Account Number:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_