



2024 WELLNESS CENTER MEMBERSHIP ENROLLMENT FORM

The approved Wellness Center fees for 2024 are listed below and are effective 1/1/24. In order to be enrolled as a member for 2024, all members must complete and return this enrollment form, the Health Information Sheet and the Release of Liability Form attached. Members who enrolled in 2023 will not be automatically re-enrolled in 2024.

If you need additional information, please contact the Wellness Center at (828) 885-2741. If you are a new member, please call the center to schedule an orientation and to pick up your membership packet and access information.

Please return this completed form by mail or to CFPOA Attn: Wellness Center, 33 Connestee Trail, Brevard, NC 28712; in person by leaving it at the Wellness Center; or by scanning and emailing to wellness@connesteefalls.com no later than 12/31/23.

****Please complete the Health Information Sheet and the Assumption of Risk and Release Form attached****

MEMBERSHIP TYPE:			
_____ Annual Registration Fee w/o Classes – \$75 Per Person January to December			
_____ Annual Classes – \$150 Per Person January to December			
_____ Monthly Classes – \$25 Per Person/Per Month You may choose any month(s) individually. Please indicate which months you plan to use the wellness center below and we will bill you accordingly (changes to your desired months can be made <u>before the month begins</u> by contacting the wellness center)			
_____ January	_____ April	_____ July	_____ October
_____ February	_____ May	_____ August	_____ November
_____ March	_____ June	_____ September	_____ December

WELLNESS CENTER MEMBERSHIP AND FEES SCHEDULE – 2024

Membership Type	Payment Schedule
Annual Registration Fee	\$75 Registration Fee Per Person (Includes unlimited use of equipment) (No Proration)
Annual Classes	\$150 for Unlimited Classes Per Person (Must still pay \$75 Registration Fee) (No Proration)
Monthly Classes	\$25/month for Classes (Must still pay \$75 Registration Fee) (No Proration)
Daily	\$10/day, cash only (daily fees for usage cannot normally be billed to member accounts)

ADDITIONAL INFORMATION REGARDING FEES, DUES, MEMBERSHIPS AND PAYMENTS

- Fees are considered past due if they are not paid by the end of the month following the due date. (for example: your January fees are billed on 1/31/24, they will be considered late if not paid by 2/29/24)
- No Prorations

Member Name: _____ **Member #:** _____

Email Address: _____ **Phone Number:** _____

Additional Family Member Included – Name _____

****I have reviewed the membership rates and agree to make the payments I have chosen according to the schedule****

Signature: _____ **Date:** _____

2024 WELLNESS CENTER ASSUMPTION OF RISK WAIVER AND RELEASE

The facilities and activity programs offered by the Connestee Falls Wellness Center have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the activities. Because of the nature of the program made available in the Wellness Center and equipment which is an integral part of many of the activities, there is an inherent risk of injury. These risks characterize any exercise activity and result in a practical limitation placed on the Wellness Center in its efforts to prevent injuries to participants, whether actively participating in exercises, utilizing the equipment, or taking advantage of the various other facilities at the center. This program enlists our assistance in assuring that the facilities and the equipment are utilized in a proper manner so that the inherent risks which exist under the control of the Wellness Center, as well as those outside the control of the Center, and partially within the control of each individual participant are minimized by the participant's thoughtful and cautious use of both the equipment and facilities.

In consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities, assumes such risks, and agrees to accept the responsibility for any injuries sustained by him/her in the course of his/her use of the facilities and/or the equipment. More specifically, the participant acknowledges and accepts risk in one or more of the following general areas:

1. The use of exercise equipment
2. Accidents or injuries which occur within the Wellness Center facilities or other locations used for Wellness activities
3. Possible injuries or medical disorders arising out of the participant's exercising at the facilities, such as heart attack, stroke, heat stress, or other injuries which may arise such as sprains, broken bones, torn muscles, torn ligaments, etc.
4. I recognize that risk of illness and injury are inherent in any exercise program and I am participating in this program upon the express agreement and understanding that I do hereby for myself, my heirs, executors, administrators and assigns, waive and release from any and all claims, costs, damages, liabilities, expenses or judgements, including attorney fees and court costs, arising out of my participation in the program or any illness or injury resulting therefrom.
5. It is further recommended that participants consult with their doctors before engaging in any activities which are part of this program.

The participant further acknowledges the existence of and the need for certain rules and procedures concerning the use of equipment and facilities that are a part of the Wellness Center. He/She agrees to abide by those rules and to make every individual effort to assure that the equipment and facilities are kept in a safe and usable condition.

In consideration of being allowed to use the Wellness Center facilities and participate in the Wellness Center activity programs, and having read and considered the foregoing, with understanding of the potential risks as described herein, the participant signs this waiver and release, hereby releasing the Connestee Falls Property Owners Association, Inc., its agents, and members from liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin, for any and all loss or damage on account of injury to the person or property, including death, of the undersigned. If the participant is signing this release on behalf of a minor, the participant represents that the participant in the legal guardian of the minor or that the legal guardian has authorized the participant to sign on behalf of the minor. The participant further understands that this release is intended to be as broad and inclusive as permitted under North Carolina law and that if any portion of this release is held invalid, it is agreed that the remainder of the release shall continue in full legal force and effect.

Member Name: _____ **Member #:** _____
Email Address: _____ **Phone Number:** _____
Signature: _____ **Date:** _____

**Connestee Falls Wellness Center
Health Information
Please return to Wellness Center**

Name: _____ Date: _____

Sex (circle one) M F Date of Birth: _____

Local person to contact in case of emergency:

Name: _____ Physician: _____

Phone #: _____ Phone #: _____

List any medications you take on a regular basis:

What is your present exercise/activity level? (circle one) Low Moderate High

What physical activities do you currently participate in?

	Do you now, or have you in the past:	(Please check one)	
		Yes	No
1.	History of heart problems, chest pain, or stroke		
2.	Increased blood pressure		
3.	Any chronic illness or condition		
4.	Difficulty with physical exercise		
5.	Advice from a physician not to exercise for any reason		
6.	Recent surgery (past 12 months)		
7.	History of epilepsy or seizures		
8.	History of breathing or lung problems		
9.	Muscle, joint, or back disorder or any other orthopedic injury		
10.	Diabetes or thyroid condition		
11.	Cigarette smoking		
12.	Increased blood cholesterol		
13.	History of heart problems in the immediate family		
14.	Hernia or any condition that may be aggravated by lifting weights		
15.	Participated in a fitness/wellness program utilizing exercise equipment.		

Please explain any responses in the "yes" column: _____

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature: _____ Date: _____

This Health Information Form is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer yes to any of questions 1-14.