Silver&Fit

Exercise & Healthy Aging Program

Silver & Fit membership form:

PLEASE PRINT: NAME; as shown on insurance documents

Address City St Zip

Date of Birth Phone No. Cell Phone No.

Emergency Contact Relationship Phone No.

Email Address Fitness ID No.

I would like to receive periodic information from the Beaverton Activity Center, via email, regarding future classes and/or activities _____ yes _____ no

HEALTH HISTORY:

Heart Condition	Yes	No
Chest Pain	Yes	No
High Blood Pressure (over 140/90)	Yes	No
Pregnant	Yes	No
Uncontrolled Asthma or Other Lung Condition	Yes	No
High Cholesterol	Yes	No
Controlled Asthma	Yes	No
Faintness or Dizzy Spells	Yes	No
Smoke	Yes	No
Arthritis or Other Joint Condition	Yes	No
Diabetes	Yes	No
Osteoporosis or Other Bone Condition	Yes	No

CONDITIONS OF MEMBERSHIP

All members will sign in, using their ASH Fitness ID No. when using the Beaverton Activity Center facilities. Membership cards/Fitness ID Nos. are not transferrable. Allowing another person to use your card/Fitness ID No. could result in immediate termination of your membership. As a member of the Beaverton Activity Center, you agree to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

HOLD HARMLESS STATEMENT

Member specifically assumes all risks of injury arising out of his or her presence on or about the premises, or his or her use or intended use of equipment of facilities, or his or her participation in the activities of the Beaverton Activity Center, a Michigan corporation, on or about the premises and does hereby for himself or herself, his or her heirs, executors and administrators waive, release and agree to hold free from all claims for damages, the Beaverton Activity Center corporation, and its respective officers, directors, Board of Directors, members, employees or agents.

I have read, understand and agree with the Conditions of Membership and Hold Harmless Statement above. In addition, I understand and agree that the Conditions of Membership and the Hold Harmless Statement are in effect throughout my membership with the Beaverton Activity Center. I understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Print Name:

_____ Signature: _____

Date _____