



# Renew Active/OnePass membership form

PLEASE PRINT:

Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Renew Active 9-digit member no. \_\_\_\_\_

OnePass 10-digit member 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 are required to present a current, valid Renew Active membership card for identification when using the Beaverton Activity Center facilities. Membership cards are not transferrable. Allowing another person to use your card 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, volunteers, 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: \_\_\_\_\_