



St. John-McLaren Wellness Center Membership Application

Member Last Name: _____ Member First Name: _____

Street Address: _____ City: _____ Zip code: _____

Phone: _____ Date of Birth: _____ Informal Name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact: Name _____ Phone Number _____

Emergency Contact: Name _____ Phone Number _____

Family Physician: _____ Physician Phone: _____ Hospital Preferred: _____

LIST OTHER FAMILY MEMBERS ONLY IF THEY WILL BE MEMBERS (must be between 14 and 18 years of age, inclusive)

(Spouse) First Name: _____ Last Name: _____ Date of Birth: _____

Child's First Name: _____ Last Name: _____ Date of Birth: _____

Child's First Name: _____ Last Name: _____ Date of Birth: _____

Child's First Name: _____ Last Name: _____ Date of Birth: _____

Child's First Name: _____ Last Name: _____ Date of Birth: _____

Child's First Name: _____ Last Name: _____ Date of Birth: _____

<i>Type of Membership</i>		
Parishioner (MUST BE REGISTERED IN PARISH OVER 60 DAYS)		
<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Senior
Non-Parishioner		
<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Senior
McLaren Employee		
<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Senior (Badge ID # _____)

Membership Start Date _____ Payment: Annual or Monthly (circle one)

I/We agree to pay St. John Church fees in the amount of \$_____ per month. The membership begins on the date specified and continues until terminated by either the member or St. John Church. The member or St. John Church may cancel this membership after expiration of the membership term.

WAIVER OF LIABILITY CLAIMS

I hereby apply for a St. John-McLaren Wellness Center membership and agree to abide by the regulations affecting such membership. In consideration of the acceptance of my application to use the St. John-McLaren Wellness Center, I hereby, for myself, my heirs, personal representatives, administrators and assignees, agree to release and hold harmless St. John Church, their agents, representatives, employees, related entities, successors and assigns, for any personal injury or loss or damage to any personal property, sustained by me or any member of my family, or guest, from any claims, actions or suits for personal injury, negligence, breach of warranty, and all other liabilities resulting from the use of the St. John-McLaren Wellness Center and St. John-McLaren Wellness Center services, facilities and property. I agree not to sue any of these parties for any claims, which are the subject of this release.

I understand that using the exercise and wellness facility will result in my exposure to higher than normal risks of injury to person or property.

I represent that I have no health or physical problems which would interfere with my safe use of the exercise and wellness facility provided by St. John Church. St. John-McLaren Wellness members who are pregnant must have a physician waiver form signed by their physician before participating in any activities including walking .

I agree that I am responsible for my own safety.

I agree to assume and accept the dangers which are inherent in the use of the exercise and wellness facility provided by St. John Church.

I agree that I will not allow any other person to use my membership card or to gain access to the wellness facility provided by St. John Church.

I further agree that if St. John Church or their respective agents, representatives, employees, related entities, successors or assigns, are sued by anyone else because of my conduct in using the wellness equipment, I will indemnify St. John Church for any and all damages or costs they may incur, including actual attorney fees.

I understand that I must be at least fourteen years of age to use the wellness equipment.

I acknowledge that St. John Church will not allow me to use the wellness equipment unless I sign this release.

I HAVE READ AND UNDERSTAND THIS AGREEMENT BEFORE SIGNING IT.

X _____
Member/Applicant

X _____
Authorized Representative St. John Church

X _____
Parent Signature if Applicant is under 18 years of age

Date _____ Mastercard Visa Check Amount Received _____ Receipt # _____

Policies and Terms

Membership fees

Fees can be paid by check, money order or charge card (Mastercard or Visa).

Initiation Fee

If an initiation fee applies, this is a fee payable in full at time of joining. You will not be charged this again as long as at least one monthly payment is made per year.

Termination of Membership

Management has the right to immediately suspend and/or terminate any membership for non-payment of fees, rule violations or for behavior that is inappropriate. If a member terminates their membership before their current expiration date no fees will be refunded or transferred.

Registration

When entering the wellness center, please present your membership card at the desk for verification. You will be given a tag to wear while using the Wellness Center. This tag must be worn at all times.

Guests

Guests may use the wellness area upon payment of a guest fee.

Rule Changes

Changes, deletions or additions to Wellness Center rules, regulations, and fees may be made from time to time by St. John Church. Members are required to abide by all rules and regulations.

