



## **FOLSOM FITNESS AND REHABILITATION CENTER**

### **Membership Application**

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|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

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|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

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|                      |               |            |     |     |
|----------------------|---------------|------------|-----|-----|
| Primary Phone Number | Email Address | Birth Date | Age | Sex |
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|------------------------|--------------|--------------|
| Emergency Contact Name | Phone Number | Relationship |
|------------------------|--------------|--------------|

*Office Use Only*

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|      |                   |                      |        |
|------|-------------------|----------------------|--------|
| Date | Membership Number | Paid By (\$, cc, PR) | Amount |
|------|-------------------|----------------------|--------|

Folsom Fitness and Rehabilitation Center  
Methodist Dallas Medical Center  
262 W Greenbriar  
Dallas, Texas 75203  
214-947-1890



**METHODIST HEALTH SYSTEM FITNESS CENTERS**  
*EXERCISE RELEASE AND WAIVER*

The facilities, equipment and activity programs offered by Methodist Health System's Fitness Centers; the Methodist Health System d/b/a Methodist Hospitals of Dallas (Folsom Fitness & Rehab) and Methodist Health System d/b/a Methodist Charlton Medical Center Fitness Center), (both together hereinafter referred to as "Fitness Center(s)") offer memberships to Methodist Health System Employees and to the Community. Because the programs and the use of equipment can be very strenuous, participation creates inherent risks which could lead to bodily injury, impairment, disability, or even death. Therefore, the staff requests your assistance in assuring the facilities and the equipment are used properly so that the risks are minimized.

I, \_\_\_\_\_, acknowledge the existence of risks in connection with my participation in the Fitness Centers programs and activities. Potential risks include such things as sprained ligaments, strained muscles, broken bones, heart attacks, stroke, and even death. I knowingly and freely assume such risks, both known and unknown, in reliance upon my own judgment and ability, and agree to accept complete and total responsibility for any injuries sustained by me in the course of my use of the Fitness Center's equipment, programs, and activities. **I understand that I should consult with my personal physician before I begin or continue any exercise program.** I fully recognize that I am responsible for knowledge of my own state of health at all times and use the Facility, participate in activities and do exercises, all at my own risk.

I acknowledge that neither the Fitness Centers, nor any of their Agents, advisors or employees, are expected or required to provide training on any of the equipment in the Facility or to provide training materials, unless specifically requested.

I acknowledge that Methodist Health System and the Fitness Centers, their directors, officers, agents, contractors, advisors subcontractors or employees make NO representations or warranties about the condition of the Fitness Centers or of the equipment.

I acknowledge the existence of the need for certain rules concerning the use of the equipment, facilities, and other procedures related to activities at the Fitness Centers. I agree to fully abide by those rules and regulations as they are amended from time to time and to make every effort to assure that the equipment and the facilities are kept in a safe and usable condition.

I further acknowledge that the Fitness Centers are not routinely monitored by staff or by any visual device and I am willing to assume that risk. I understand and acknowledge that neither the Fitness Centers, nor their agents, advisors or employees, represent that their employees, personnel or agents have expertise in diagnosing, examining or treating medical conditions of any kind.

I understand that my participation at the Fitness Center is voluntary and at my own risk and as such, I hereby agree to release and forever defend, indemnify and hold harmless Methodist Health System and the Fitness Centers, their directors, officers, agents, contractors, advisors subcontractors or employees from any and all liability, costs, claims, injuries, harm, damage, or expenses whatsoever, whether or not based on negligence, including strict liability, resulting from any and all injuries, death, property loss or damage resulting from use or entry into the facility, use of the equipment, and or participation in any activities and or programs,.



If I, or a guest of mine, bring children to any of the Fitness Centers, I agree to accept full responsibility for the safety and well being of the children while they are at the Center. For Non-emancipated minors under the age of eighteen (18), this form must be signed by a legal parent/guardian. A legal parent/guardian must be present when the facility is being used by a minor between the ages of fifteen (15) and sixteen (16). Children under 15 years of age are not allowed to use the Fitness Center equipment or programs. I hereby release Methodist Health System and the Fitness Centers, their directors, officers, agents, contractors, advisors subcontractors or employees from any and all liability for any and all injuries, death, property loss or damage sustained arising out of my guest or children's use of the exercise equipment, programs and activities.

By signing this, I acknowledge that there has been no promise, agreement, warranty or representation concerning the safety or liability of the Fitness Center or its equipment, I also acknowledge that I am medically sound and physically fit to participate in the Fitness Center activities and equipment.

I acknowledge I have read this Exercise Release and Waiver, and acknowledge my understanding and full agreement to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Date