

**MAC**  
**Maintaining Active Citizens**  
*Your Area Agency on Aging*  
 Dorchester, Somerset, Wicomico, Worcester

**APPLICATION FOR MEMBERSHIP**  
**RICHARD A HENSON WELLNESS CENTER**  
 909 Progress Circle, Salisbury MD 21804  
 410-742-0505 ext. 130  
 Fax : 410-742-0525  
[www.macinc.org](http://www.macinc.org)

**Gym Hours: Monday-Thursday 8:30-5:00pm Friday 8:30-4:00pm**

<b>NAME</b>	FIRST NAME	M.I.	LAST NAME
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<b>ADDRESS</b>			
STREET			
CITY		STATE	ZIP CODE
DAYTIME PHONE		EVENING PHONE	
EMAIL ADDRESS		EMPLOYER	

<b>EMERGENCY CONTACT</b>	NAME	RELATIONSHIP	PHONE NUMBER
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<b>PERSONAL INFORMATION</b>	BIRTHDATE (mm/dd/yyyy)	SEX	RACE (Circle One) WHITE    BLACK    HISPANIC    ASIAN    PACIFIC ISLANDER AMERICAN INDIAN    ALASKAN
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<b>OFFICE USE</b>			
METHOD OF PAYMENT		INITIAL PAYMENT	
CREDIT CARD	_____	VISA	_____
CHECK	_____	MASTERCARD	_____ CASH _____
ANNUAL	_____	CHECK	_____
AMMOUNT PAID W/APPLICATION	RECEIPT NUMBER	ENROLLED BY (STAFF NAME & SIGNATURE)	

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORMATION PROVIDED ON THE BACK OF THIS FORM. I ALSO UNDERSTAND AND AGREE THAT THE CONDITIONS OF MEMBERSHIP AND THE ASSUMPTION OF BASIC WAIVER & RELEASE OF ALL CLAIMS ARE IN EFFECT THROUGHOUT THE DURATION OF MY MEMBERSHIP WITH THE RICHARD HENSON HEALTH AND WELLNESS FACILITY OF MAC. LASTLY, 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.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# Health History

Medications you're currently taking?

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Medical Background? [Past & Present] (Surgeries, Injuries, Pain Areas, ETC.)

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Goals you are trying to achieve?

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What is your exercise capabilities and status?

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## **MISSION STATEMENT OF MAC INCORPORATED**

**At MAC (Maintaining Active Citizens) Incorporated it is our mission to offer older persons lives of Independence, Dignity and Choice.**

### **SCHOLARSHIP POLICY**

It is the goal at MAC Incorporated to improve and maintain physical, social and mental wellness services in the active adult communities we serve, regardless of residents' ability to pay. A waiver or reduction of fees is available subject to facility and program capacity, and demonstrated need, without regard to race, color, nationality, religion, gender, age, or disability.

*Initials* \_\_\_\_\_

### **CONDITIONS OF MEMBERSHIP**

All members are required to present a current, valid membership card for identification to access and use the wellness facility and programs. Members are required to help prevent the spread of germs by wiping down equipment after use by wiping equipment with anti-bacterial wipes provided by the facility. Members should stay home when feeling ill to prevent the spread of germs. Joiner's fees are non-refundable. As a member of the Richard Henson Health and Wellness Facility of MAC Incorporated you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

*Initials* \_\_\_\_\_

### **CANCELLATION POLICY**

You can discontinue your monthly draft by giving MAC Incorporated 15 business days notice and returning all membership cards. If payment is not received within 30 days, your membership will be cancelled.

*Initials* \_\_\_\_\_

### **ASSUMPTION OF RISK WAIVER AND OF ALL CLAIMS**

I RECOGNIZE AND ACKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE ACTIVITIES OF MAC INCORPORATED AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGES OR LOSS, regardless of severity, that I may sustain from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location.

I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Richard Henson Health and Wellness Facility of MAC Incorporated, their respective officers, directors, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damages or loss that I may have or which may accrue to me from my presence in upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location.

I HEARBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability damage or cost they may incur from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location, and whether caused by the negligence of the Releasees or otherwise.

*Initials* \_\_\_\_\_

### **PHOTO WAIVER**

I understand that my photo may be taken by the Richard Henson Health and Wellness Facility of MAC Incorporated on occasion, and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any media now or hereafter developed by the Richard Henson Health and Wellness Facility of MAC Incorporated.

*Initials* \_\_\_\_\_

**I have received and reviewed all of the above policies.**

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

# MAC

**Maintaining Active Citizens**

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## **Pricing Information for the Richard A Henson Wellness Center**

<b>Membership Description</b>	<b>Price</b>
Full access to the gym with either Group Classes.	\$45.00/Month
Access the gym only.	\$35.00/Month
Group Exercise Classes.	\$35.00/Month
Walk in class rate for Group Classes.	\$10.00/Class
Annual Fee (a one-time fee if you want to pay a year in advance)	\$486.00/Year
Couple's Full Access	\$60/Month

**Physician Release to Participate in an Exercise Program at the Richard Henson Health and Wellness Facility**

To: (Physician's Name) \_\_\_\_\_  
(Clinic Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) (Fax) \_\_\_\_\_

From: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) (Fax) \_\_\_\_\_

Re: (Client's Name \_\_\_\_\_) (Client's DOB \_\_\_\_\_)

Dr. \_\_\_\_\_

Your patient, \_\_\_\_\_, is planning to begin a membership at the Richard Henson Health and Wellness facility at MAC Incorporated. All exercise programs are developed based on the individual's health history, current level of fitness and desired goals. Our fitness instructors hold accredited certifications, as well as CPR and First Aid certifications. We value your input regarding this client's exercise prescription. At this time we are requesting the release of information that you feel would be beneficial to us in developing a safe and effective exercise program. If you know of any medical reasons that would contraindicate or limit this individual's ability to participate, please indicate your concerns. If you have any question, please call us at 410-742-0505.

- I know of no reason why \_\_\_\_\_ may not participate in an exercise program and fitness testing.
- \_\_\_\_\_ may participate in an exercise program and fitness testing with the following precautions/limitations: \_\_\_\_\_  
\_\_\_\_\_
- I recommend that \_\_\_\_\_ not participate in an exercise program at this time.

**COMMENTS/CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Physicians Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

I hereby consent to the release of pertinent information to \_\_\_\_\_ for the purpose of providing a safe and effective area for exercise, as well as designing a safe and effective exercise program. I understand that this information will be kept confidential and only persons involved in the design and implementation of my program will be reviewing this information.

(Client's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

## Richard A Henson Health and Wellness Center Group Exercise Schedule

Times	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 AM- 10:00 AM	Stretch/ ROM & Flexibility	Pump & Tone 9:00am – 9:30am	Stretch/ ROM & Flexibility	Pump & Tone 9:00am – 9:30am	Stretch/ ROM & Flexibility
9:30 AM- 10:30 AM		Yoga		Yoga	
11:00AM- 12:00 PM				Parkinson's Wellness Group	**Chair Yoga
1:00 PM- 2:00 PM		Tai Ji Quan		Tai Ji Quan	
3:00 PM- 4:00 PM	Enhance Fitness		Enhance Fitness	Hand Grip Strength 3:00pm - 3:30pm	Enhance Fitness

\*\*Schedule is subject to change

Highlighted Classes are instructed by Personal Trainers.

See the front desk to schedule a time for a personal training session during one of the available time slots.

**Stretch/ROM & Flexibility:** It's time to start your mornings off right! This class is designed to revitalize your mind, body, and soul by preparing you for the long day ahead and also to unwind and release stress at the end of the day. This low impact class focuses on releasing tension in your muscles, stretching and balance.

**Enhance Fitness:** This class incorporates all aspects of physical fitness; Cardio, Upper body, Lower body, Stretching, Flexibility, and Balance. A full hour of fun, dynamic, cardiovascular exercises, strength training, muscle building, and balance enhancing.

**Yoga/ Chair Yoga:** This class is designed to improve the health, performance, and mental acuity of athletes young and old or individuals interested in improving their level of fitness.

**Pump and Tone:** Focuses on low weight loads and high repetition movements. You will burn fat, gain strength, and quickly produce lean body muscle.

**Hand Grip Strength Class:** With a focus on increasing grip strength as well as strengthening muscles in the forearm, this class will help improve overall hand grip strength, lessen pain and symptoms associated with arthritis and help maintain your independence.

**Tai Ji Quan:** is an evidence-based fall prevention program for older adults. The program is delivered in two 1-hour sessions each week for 12 weeks. Each session consists of warm-up exercises; core practices, which include a mix of practice of forms, variations of forms, and mini-therapeutic movements; and brief cool-down exercises.

**Parkinson's Wellness Group:** During this class time, both Health and Wellness Coordinators will be working in the gym with the Parkinson's Wellness Group, and will be unavailable for personal training sessions. If you have questions about the Parkinson's Wellness Group and would like more information, please contact the Lower Shore Parkinson's Support Group at (410) 749-8511.